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TRANSACTIONS of the Canadian Dental Association



DÉLIBÉRATIONS de l'Association dentaire canadienne

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INTERIM AND ANNUAL MEETINGS
BOARD OF GOVERNORS
MARCH 25-26 AND AUGUST 19-20

ASSEMBLÉES PROVISOIRE ET ANNUELLE
DU BUREAU DES GOUVERNEURS
LES 25-26 MARS ET LES 19-20 AOÛT

1988

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FORWARD

THIS BOOK PROVIDES A GUIDE TO THE INTERIM MEETING OF THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION. IT IS INTENDED TO BE A HELPFUL GUIDE TO THE MEETING AND TO THE BOARD OF GOVERNORS.

INTERIM

ALL MEMBERS OF THE CANADIAN DENTAL ASSOCIATION ARE INVITED TO ATTEND THE INTERIM MEETING OF THE BOARD OF GOVERNORS.

MEETING

BOARD OF GOVERNORS

THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION IS THE BODY RESPONSIBLE FOR THE MANAGEMENT OF THE ASSOCIATION. IT IS COMPOSED OF REPRESENTATIVES FROM THE DENTAL PROFESSION AND THE PUBLIC.

CANADIAN DENTAL ASSOCIATION

OTTAWA, ONTARIO

THE INTERIM MEETING OF THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION WILL BE HELD ON MARCH 25-26, 1988.

March 25-26

1988

THE INTERIM MEETING OF THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION WILL BE HELD ON MARCH 25-26, 1988.

FORWARD

This Book provides a record of the business transacted at the Interim and Annual meetings of the Board of Governors of the Canadian Dental Association, on March 25-26, 1988 in Ottawa, Ontario and August 19-20, 1988 in Edmonton, Alberta.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils, Committees and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote.

Interim and Annual Meeting

Words appearing in bold both within the body and at the end of the Council, Committee or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils, Committees and Sections.

AVANT-PROPOS

Le présent document contient le compte-rendu des travaux des assemblées, provisoire et annuelle, du Bureau des gouverneurs de l'Association dentaire canadienne, qui ont eu lieu respectivement les 25 et 26 mars 1988, à Ottawa (Ontario) et les 19 et 20 août de la même année, à Edmonton, Alberta.

Tous les membres de l'Association dentaire canadienne sont bienvenus à ces assemblées auxquelles ils peuvent participer.

Les rapports des conseils, des comités et des sections ainsi que d'autres documents sont présentés au cours de séances publiques. Le président peut permettre aux membres de l'Association de s'exprimer sur diverses questions mais seuls les gouverneurs ont droit de vote.

Assemblée provisoire et annuelle

Les textes inscrits en caractères gras dans les rapports des conseils, des comités et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.

Les DELIBERATIONS DE L'ADC ont pour objet de fournir aux membres un compte-rendu des orientations et des décisions prises par le Bureau des gouverneurs ainsi que des travaux des conseils, des comités et des sections de l'Association.

CDA STAFF

K. Allen-McGill, Information Officer
P.R. Crawford, Editor
S. Deziel, Manager - Executive Services
B. Henderson, Director of Education
and Accreditation

J. Forsythe, Ass. Director/Prof. Councils
J. Neal, Director of Administration
L. Teteruck, Director of Communications
M. Vaughan, Librarian
S. Vial, Accountant

OBSERVERS

<u>NAME</u>	<u>AFFILIATION</u>
G. Austman	Manitoba Dental Association
B.D. Barrett	Dental Association of Prince Edward Island
W.R. Bedford	Health and Welfare Canada
M. Boucher	Ordre des dentistes du Québec
S.M. Brayton	Nova Scotia Dental Association
K. Butler	Canadian Dental Services Plans Inc.
M.D. Charendoff	Canadian Dental Services Plans Inc.
M.N. Deyette	Canadian Forces Dental Services
H. Dick	National Dental Examining Board of Canada
D. Fuchs	Student Representative, Saskatchewan
A.H. Graas	College of Dental Surgeons of Saskatchewan
V. Jones	Alberta Dental Association
H. King	Canadian Dental Hygienists' Association
G. Kravis	National Dental Examining Board of Canada
P.Y. Lamarche	Ordre des dentistes du Québec
G. MacDonald	Newfoundland Dental Association
S. MacLean	Student Governor Elect
E. MacSween	Government Relations Committee - CDA
B. Martinello	Alberta Dental Association
E. McCloskey	Canadian Dental Assistants' Association
K. Montgomery	Royal College of Dentists of Canada
R. Moran	Royal College of Dental Surgeons of Ontario
G. Nikiforuk	Royal College of Dental Surgeons of Ontario
D. Pamenter	Nova Scotia Dental Association
D. Pike	Canadian Dental Assistants' Association
K.F. Pownall	Royal College of Dental Surgeons of Ontario
J.F. Reid	Canadian Fund for Dental Education
B. Rocky	College of Dental Surgeons of B.C.
E.G. Schroeter	New Brunswick Dental Society
R. Smith	College of Dental Surgeons of B.C.
J.G. Thompson	New Brunswick Dental Society
R. Thordarson	College of Dental Surgeons of B.C.

CANADIAN DENTAL ASSOCIATION

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Secretary to the Board of Governors

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A.J. Neilson

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J.W. Niedermayer, President-Elect
J.R. Robertson, Past-President

L.S. Allen
G. Dubé
D.E. MacFarlane

K.L. Roach
B. Sigfstead
R. Wenn

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B. Sigfstead

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T. Gushue

PRINCE EDWARD ISLAND

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NEW BRUNSWICK

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CDN. FORCES DENTAL SERVICES

J.F. Begin

STUDENT REPRESENTATIVE

D. Lovely

HEALTH & WELFARE

W.R. Bedford

VETERANS AFFAIRS

J.C. Tsafaroff

Recording Secretary: Mrs. S. Burton

COUNCIL/COMMITTEE CHAIRMEN

✓ G.H. Peacock (Constitution & By-Laws)
✓ M. Eggert (Consumer Products Recognition)
M. Jahjan (Convention)
✓ R. Barolet (Dental Materials & Devices)
A. Schwartz (Education and Accreditation)
J. Gryfe (Government Relations)
✓ A. Toeman (Health Care)
✓ P. O'Brien (Information Services)

✓ J.E. Durran (Insurance & Inv.)
G. Dubé (Membership)
B. Holmes (PRUC)
J. Hardie (Publications)
K. Roach (Roles & Resp.)
M. Shildkraut (Student Affairs)
R.N. Hicks (Taxation)
✓ D. MacFarlane (Third Party)

LEGEND

March 1988

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EXECUTIVE COUNCIL

REPORT TO THE 1988 CDA INTERIM BOARD OF GOVERNORS

MEMBERS: Dr. Ron J. Markey, Chairman - Vancouver
Dr. Jack Niedermayer, Regina
Dr. John Robertson, Summerside
Dr. Les Allen, Winnipeg
Dr. Gilles Dubé, Lachute
Dr. Don MacFarlane, Vancouver
Dr. Kevin L. Roach, Pembroke
Dr. Bryun Sigfstead, Edmonton
Dr. Ray Wenn, Charlottetown

Mr. Jardine Neilson, Executive Director
Mrs. Sandra Deziel, Coordinator

1. Council Meetings

Since the September 1987 Annual Meeting of the Board of Governors, the Executive Council has met three times - September 12, 1987, November 14-15, 1987 and January 29-30, 1988. The Executive Planning Session was held on November 13, 1987.

ITEMS REQUIRING BOARD ACTION

2. FDI Delegates and Alternate Delegates

RESOLVED:

88.1 THAT the CDA official delegates to the 1988 FDI Congress in Washington, D.C., be Dr. R. Hicks, FDI National Treasurer, Dr. J. Niedermayer, CDA President, and Dr. George Beagrie.

THAT the CDA alternate delegates to the 1988 FDI Congress in Washington be Dr. James N. Wright, Brig. Gen. J. Fred Begin and Dr. Ralph Barolet.

ADOPTED

NOTE: The nomination of Dr. George Beagrie as a delegate to FDI 1988 is at no cost to CDA.

3. Appointment of Auditors - Canadian Dentists' Insurance Program (CDIP)

RESOLVED:

88.2 THAT the firm of Clarke, Henning and Co. be appointed auditors for CDIP for 1988.

ADOPTED

4. Canadian Dentists' Insurance Program 1987 Financial Statements

RESOLVED:

- 88.3 THAT the audited financial statements for the Canadian Dentists' Insurance Program for the year ending December 31, 1987 be approved.

ADOPTED

APPENDIX I

5. Allocation of Seats - CDA Board of Governors - Affiliate Members

At the 1987 Interim Meeting, the Board approved the principle that each CDA member be represented only once by a member of the CDA Board of Governors.

The Executive Council is concerned with the substantial numbers of affiliate members that are not represented at the Board level.

RESOLVED:

- 88.4 THAT a province be eligible for a maximum of one additional (affiliate) voting seat on the Board of Governors of CDA when affiliate membership in the province is greater than 250 members.

THAT the appointment of the additional governor be the prerogative of the President of the CDA in consultation with the provincial corporate body; the appointee must be an affiliate member of CDA.

THAT an affiliate governor not be entitled to serve as a member of the Executive Council.

THAT the Council on Constitution and By-Laws be directed to prepare the necessary amendments to implement this policy.

ADOPTED

6. The Canadian Dental Foundation - Board of Trustees

At the 1987 Interim Meeting of the CDA Board of Governors, the establishment of "The Canadian Dental Foundation" (CDF) was approved. The Charities Division of Revenue Canada has approved the registration of the CDF as a Canadian Charity. Incorporation documents have been filed with the Department of Consumer and Corporate Affairs; the applicants for incorporation (CDA Executive Council and Executive Director) are provisional Trustees of the CDF for a term of one year. The objects of the CDF are appended.

APPENDIX II

EXECUTIVE COUNCIL

- 3 -

The Board of Governors of the CDA is responsible for appointing the Board of Trustees of the CDF; the Trustees so appointed will replace the provisional Trustees. Trustees will serve for a term not to exceed two years; a Trustee may serve three consecutive terms of office.

Nominations were solicited from the business community, the dental profession, industry and the academic field.

RESOLVED:

88.5 **THAT the following individuals be appointed Trustees of the Canadian Dental Foundation:**

**Mr. Ron Bonar
Dr. Arthur Schwartz
Dr. Doug Smith
Dr. Bradley Holmes
Mr. Don Pamentor
Dr. John Silver
CDA Executive Director**

ADOPTED

Initial terms of the trustees will be staggered to ensure a future continuity element.

7. Infection Control

In November 1987, Executive Council adopted "Recommendations for Infection Control in the Treatment of Dental Patients (Including those with Hepatitis B, AIDS, and other communicable Diseases)". These recommendations were forwarded to the membership, together with a letter from CDA President Markey, addressing concerns in this area and clarifying CDA's position. Approaches are being made for a cooperative effort with the Minister of Health and Welfare, the Honourable Jake Epp to provide information to the profession on infection control developed by the Centers for Disease Control, Atlanta, and endorsed by the Federal Centre for AIDS.

APPENDIX III

A conference on Infection Control will be held in Toronto on February 28-29, 1988. The first day of the conference which will be open to all dentists, auxiliaries, spouses, representatives of the dental industry and invited media guests, will feature speakers on a variety of topics including:

- Infection Control - A General Practitioners Perspective
- AIDS - an Overview
- A Review of AIDS in Canada
- A Panel Discussion - Legal/Ethical Aspects

Day Two of the conference will focus on a review of the CDA recommendations, and development of a statement on the legal and ethical aspects of treatment. Attendance will be limited to official representatives of the corporate bodies, CDA Management, selected speakers, and members of the CDA Committee on Health Care.

RESOLVED:

- 88.6 THAT required revisions to the current CDA Recommendations for Infection Control in the Treatment of Dental Patients (including those with Hepatitis B, AIDS, and other communicable Diseases) be approved by the CDA Board of Governors.

APPENDIX IV

THAT statements on the legal and ethical aspects of treatment be approved by the CDA Board of Governors.

ADOPTED

RESOLVED:

- 88.7 THAT Dr. John Hardie and the Health Care Committee provide additional background information with respect to Infection Control Guidelines, which ultimately would be provided to the profession.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

8. The Role of Auxiliaries in Dental Health Care Delivery Systems

A CDA statement on Dental Hygiene is being prepared. Executive Council reviewed a draft of the statement, which comprises a Background Statement on the Concept of an Oral Health Care Team, Important Principles in the Definition of the Working Relationship of the Dentist and Dental Hygienist, and, Practical Arrangements for Supervision of Hygienists. This latter portion of the statement will be developed presenting definitions of types of supervisory arrangements that may be employed at the discretion of the dentist, including "immediate supervision" and "direction". The draft statement will be circulated to all corporate bodies for comment prior to the June Executive Council Meeting. In discussion of the role of auxiliaries in dental health care delivery systems, the Executive Council stressed the need to preserve the integrity of the dental team and improve communication among the component parts.

9. Geriatric Dentistry

The Executive Council reviewed a report on input received regarding CDA's role in Geriatric Dentistry.

In general respondents believe that CDA should demonstrate leadership in assisting the dental profession to respond effectively to new challenges associated with geriatric dentistry.

While several suggested the creation of a special advisory council or distinct standing committee, most indicated that existing CDA structures should be able to provide the required leadership, through initiatives such as the following:

- The CDA Council on Education and Accreditation influencing dental schools to reflect necessary educational dimensions of geriatric dentistry.
- The CDA Committee on Continuing Education in particular identifying special needs and encouraging responses by dental education.
- The Council on Hospital and Institutional Services establishing guidelines and resources for institutional dentistry as institutional dentistry is faced with the need to serve the aging population.
- The Council on Health Care developing similar resources for the general dentist.
- The CDA Library establishing a data bank on problems and resources related to geriatric dentistry.
- The CDA Dental Awareness Program placing special emphasis on geriatric dentistry.
- CDA Information Services publishing brochures on geriatric dentistry.
- The CDA Journal publishing special articles on geriatric dentistry.

The Executive Council agreed that education and information dissemination would be the major thrust of CDA, and has directed the above noted bodies to pursue the initiatives indicated. The Board will be kept informed on developments through the regular reporting mechanism.

The Canadian Medical Association is working towards implementing recommendations contained in its report, "Health Care for the Elderly: Today's Challenges, Tomorrow's Options". The CMA has indicated a desire to work with the CDA and provincial dental organizations on this one-year project.

10. Education and Accreditation - Task Force on Future Planning

Executive Council reviewed a discussion paper prepared by Mr. Brian Henderson, Director of Education and Accreditation, on "The Concept of a Commission on Accreditation".

Accreditation standards are currently controlled by the CDA Board of Governors, while the accreditation process (the evaluation of programs against standards) is under the control of the Council on Education and Accreditation.

Processes of accreditation and licensure must visibly demonstrate that they are related to public interest as distinct from professional self-interest. The Canadian Dental Association is concerned with the latter, but is also concerned that the public interest initiatives it has already developed be sustained, including the accreditation process.

The Executive Council requested that the Task Force on Future Planning of the Council on Education and Accreditation consider the development of terms of reference for two separate CDA Councils - a Council on Education and a Council on Accreditation. The intent would be to develop the Council on Accreditation as an autonomous body, supported by CDA and protected by the CDA Constitution. Such a Council on Accreditation could deal with and control both accreditation standards and processes. It would not require its decisions to be ratified or approved by the CDA Board of Governors, and it would not be assigned an executive liaison. Its composition should reflect the constituencies involved and legitimately concerned with accreditation, including CDA, the licensing bodies, NDEB, ACFD, dental auxiliaries and the public.

The Task Force met in early January to pursue its terms of reference: the reexamination of the purposes of accreditation (and related quality assurance initiatives) and the structure, processes and resources required to achieve these purposes. The Executive Council request was considered during these deliberations. A discussion paper from that meeting is appended for information. The Task Force Report has been given wide circulation for input purposes. Final recommendations will be presented to the Board through the report of the Council on Education and Accreditation.

APPENDIX V

11. CDA Priorities

At its 1987 Planning Session, Executive Council reviewed current priorities and identified those new issues which will require heightened emphasis.

In preparation for this annual priority setting exercise, CDA President Dr. Ron Markey communicated with a wide range of the components of the dental community, seeking input on national priorities and issues that the Canadian Dental Association

should address. The response received was encouraging, and provided the Executive Council with specific points of view on areas which impact on the future of dentistry. It also served to heighten CDA's awareness of its role through both direct action, and support of the objectives of others in the organized dental community. Insight on "seeing CDA as others see it" is an invaluable component of an annual review process; all contributions were welcomed, considered and appreciated.

Strategic Planning, Communications, Alternate Delivery Systems, Infection Control, Professional Resource Utilization, Government Relations, the Role of Auxiliaries in Dental Health Care Delivery Systems, Membership, Dental Awareness, Education and Accreditation, and Conventions were identified as major priorities.

12. Strategic Planning

Refinement of the CDA's strategic planning process is an ongoing priority. The Executive Council has directed that funding of ongoing priority activities and flexibility to act swiftly to meet newly-emerging needs are, in themselves, high priorities. CDA's dual role in promoting the interests of the public and the profession is of utmost importance in the priority-setting process. Revenue generation must play a key role in meeting this goal. Corporate sponsorship, continuing education seminars, and journal advertising are among the areas to be reviewed in this regard. The actual costs of councils and committees, including staff support costs, will be determined. Chairmen have been asked to review their respective areas of activity and identify short and long term goals for revenue generation.

13. Communication

Enhanced communication with the membership, the public and government is required. Media relations is a principal component of any communications network; the manner in which CDA manages its media relations activities was reviewed by Executive Council at the November Planning Session. Since then a review has been carried out of the roles of spokespersons and resource people. Wider utilization of Executive Council, the President and his Management Committee, and the Executive Director as spokespersons in critical issue areas, is indicated. Media training for these individuals will commence shortly, and will be conducted on an ongoing, as needed basis. A policy handbook on critical issues is being prepared.

Increased visibility before the profession is essential. Budgetary provision has been made to allow communication on essential issues. The Journal will give increased coverage to activities of Councils and Committees, in the interest of keeping the membership informed of activities performed to its benefit.

14. Address by Candidates for the Position of President-Elect

All future nominees for President-Elect, including those that are unopposed, will be required to address the Annual Meeting of the Board of Governors prior to the report of the Council on Nominations, Awards and Trusts.

15. Saskatchewan Dental Therapists Association

CDSPI has received an inquiry from the Saskatchewan Dental Therapists Association concerning insurance available to dental therapists, through CDIP. The inquiry related specifically to malpractice coverage. The CDA has informed CDSPI that supervision by a dentist is an a priori requirement for malpractice coverage for all auxiliaries.

16. Specialty Certification in Canada

Executive Council reviewed a letter received from Dr. R.L. Moran, President of the Royal College of Dentists of Canada concerning specialty certification in Canada. Dr. Moran's letter addresses the need for a national standard for specialty practice, and petitions the CDA to take a leadership role in bringing together all appropriate parties to pursue this goal. The Executive Council notes that matters under review by the Task Force on Future Planning of the Council on Education and Accreditation relate to certification. The CDA Committee on Dental Specialties supports the development of a forum to review a linked standard of specialty certification on a national basis. Further discussion with the RCDC will be initiated prior to a decision on the role of CDA in this issue.

17. FDI Promotion

The Executive Council feels that additional emphasis is warranted in the area of FDI promotion. A report from the FDI National Treasurer addressing this issue is appended. As indicated a budget of up to \$5,000 has been approved to implement increased activity in the area. Additional information on FDI supporting membership subscriptions is contained in the FDI National Treasurer's Report.

APPENDIX VI

18. 1988 Participation Agreement

In October 1987 the 1988 Participation Agreement was forwarded by CDA to all co-sponsors of CDIP. The 1988 Agreement contained amendments approved at the 1987 Annual Meeting of the CDA Board of Governors

relating to the use of surplus funds. The QDSA has indicated disagreement with the amendments to the 1988 agreement. The provision for utilization of surpluses accrued in the past to the benefit of dentists other than those who contributed to their creation, and the timely distribution of surpluses to those who did contribute to their creation, are at issue. The QDSA and CDA have signed a 1988 agreement which conforms to the 1987 Participation Agreement. Pertinent correspondence is appended; discussions between CDA and QDSA will take place in the immediate future.

APPENDIX VII

19. Tendering - CDIP Benefit Plans

The Executive Council reviewed information provided by CDSPI relating to tendering of the CDIP Benefit Plans. Direction was requested from the CDA Executive on their desired level of input and involvement in the planned process.

The Council on Insurance and Investment has been directed to proceed with the preparation of specifications and with the review of the timetable, overall structure and concept of marketing.

Specifications should be reviewed by the CDSPI Board in August, 1988 with the opportunity available to meet with the CDA Executive Council immediately thereafter. CDSPI Management should inform and consult with CDA Management as required prior to the August, 1988 meeting.

20. Liability Insurance

Recent legislation passed by the Legislative Assembly of the Province of Quebec covers the issue of professions self-insuring for liability purposes.

The Order of Dentists of Quebec, is currently considering this possibility, under this legislation.

The Chairman of the CDA Council on Insurance and Investment has been asked by Executive Council to attend a meeting convened by the ODQ to discuss the pertinence and practicality of the Order establishing a self-insurance system to provide malpractice coverage to dentists practising in the Province of Quebec. This meeting is to be held on March 28, 1988.

Discussion has been initiated with the Royal College of Dental Surgeons of Ontario concerning liability coverage through CDIP. The Executive Council has requested that a meeting be convened with representatives of the RCDS and the Council on Insurance and Investment to further investigate the feasibility of this matter.

Unity in the field of liability coverage would benefit all dentists in Canada, and the Executive Council will work towards this goal.

21. CDSPI Management Committee

In November, 1987 a meeting was held between the Management Committees of CDA and CDSPI to discuss matters of mutual interest and concern. Considering the excellent quality of service provided to CDA by its Council on Insurance and Investment through CDSPI, and the importance of continuity of this service, succession plans of the CDSPI Management Committee were discussed.

At the December 4 meeting of the CDSPI Board of Directors, an Ad Hoc Committee was formed to review the structure, and roles and responsibilities of the CDSPI Management Committee. Members of the Committee are Dr. James Wright, Dr. Frank Copithorne and Dr. Robert Schiewe.

22. Automatic Coverage Increase - Office Contents,
Practice Interruption

Executive Council approved a recommendation from the Council on Insurance and Investment that the January 1, 1988 invoicing contain an automatic increase of 5% for Office Contents and Practice Interruption coverage in effect on that date. The Executive Council acted on behalf of the Board due to the required timing of approval.

23. CDA Awards

Executive Council has reviewed recommendations for awards brought forward by the Sub-Committee on Honors and Awards.

The following awards have been granted by the Executive Council:

Award of Merit

Dr. John Christie
Dr. Edward Allison
Dr. Yosh Kamachi

Certificate of Merit

Dr. Gordon Anthony
Dr. Ralph Barolet
Dr. Gordon Nikiforuk
Dr. William Sturtridge
Dr. John Speck
Dr. Bruce Jackson
Dr. Robert Turnbull
Dr. George Beagrie
Dr. Gerry MacFarlane
Dr. Roger Porter

Certificate of Merit

Dr. Keith Hamilton
L.-Col. Peter McQueen
Dr. John Rooney
Dr. Ken Skinner
Dr. Jack Gryfe

Letters of Appreciation have been forwarded to the following:

Dr. Robert Kinniburg
Dr. Dennis Wells
Dr. Rita Hurley
Dr. Lynn Tomkins
Dr. Ed Busvek
Dr. Roy Thordarson
Dr. Robert Barr
Dr. Ian Vogan
Dr. G.G. Turner
Dr. William Allen
Dr. Donald Upton
Ms. Peggy Larder
Ms. Suzanne Mader
Dr. A.K. Elgeneidy
Dr. William Walter
Dr. William Koltek
Dr. Clement Leblanc
Dr. Richard Howaniec

24. CDA Appointments

Since the 1987 Annual Meeting, the President, Dr. Markey, has made the following appointments:

- Dr. Raymond Wenn of Charlottetown, P.E.I. has been appointed Atlantic Provinces representative to Executive Council, filling the unexpired term of Dr. John Christie.
- Dr. James Wright has been appointed Chairman of the Dental Specialties Committee.
- Dr. Gilles Dubé has been appointed Chairman of the Membership Committee.
- Dr. Michael Eggert has been appointed Chairman of the Committee for Consumer Products Recognition.
- Dr. Kevin Roach was named Chairman of the Ad Hoc Committee on Roles and Responsibilities.

EXECUTIVE COUNCIL

- 12 -

-
- Dr. Edward MacInnis was appointed Chairman of the Council on Hospital and Institutional Services.
 - Dr. Paul O'Brien was appointed Chairman of the Council on Information Services.
 - Dr. Herb Link has been appointed Chairman of the 1988 Convention Committee.
 - Dr. John Robertson was appointed Chairman of the Council on Nominations, Awards and Trusts.
 - Ms. Madelaine Shildkraut was appointed Chairman of the Council on Student Affairs.
 - Dr. James Wright was appointed the CDA Member at Large to the CDSPI Board of Directors for the 1988 calendar year; Dr. Gilles Dubé as Executive Liaison to the Council on Insurance and Investment continues as the second CDA representative for 1988.
 - Dr. Gilles Dubé has been named CDA Spokesperson on Fluoridation in the province of Quebec.

25. President's Activities

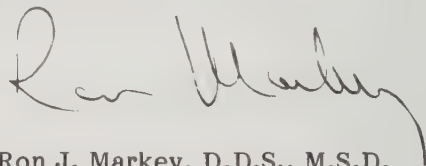
A schedule of activities of the President is appended for information.

APPENDIX VII

26. Committee/Council Reports

Executive Council has reviewed Executive Committee and Council reports as appended, and other matters requiring board action follow therein.

Respectfully submitted,



Ron J. Markey, D.D.S., M.S.D.
President

ADOPTION OF REPORT

The Board of Governors accepts the report of the Executive Council with appreciation.

APPENDIX I

CANADIAN DENTISTS' INSURANCE PROGRAM

FINANCIAL STATEMENTS

Year Ended December 31, 1987

Auditors' Report	Page 1
Balance Sheet	2
Statement of Operations	3
Statement of Changes in Financial Position	4
Note to Financial Statements	5

Clarke
Henning
& Co.

44 Victoria Street
Toronto, Ontario
Canada M5C 1Y3
Tel: (416) 364-4421

AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF
CANADIAN DENTAL ASSOCIATION

We have examined the balance sheet of Canadian Dentists' Insurance Program for the year ended December 31, 1987 and the statements of operations and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Program as at December 31, 1987 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
January 25, 1988

CANADIAN DENTISTS' INSURANCE PROGRAM

BALANCE SHEET

As at December 31, 1987

1987 1986

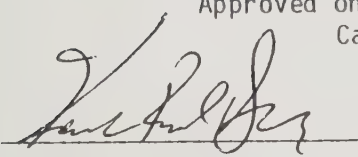
ASSETS

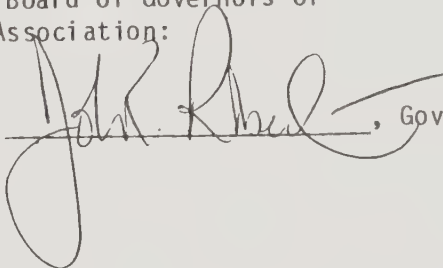
Cash in bank	\$5,390,349	\$4,485,628
Sundry amounts receivable	30,953	56,165
	<u>5,421,302</u>	<u>4,541,793</u>

LIABILITIES

Deferred income (premiums received from members in advance of due date)	5,410,086	4,453,210
Accounts payable	11,216	88,583
	<u>\$5,421,302</u>	<u>\$4,541,793</u>

Approved on behalf of the Board of Governors of
Canadian Dental Association:

 , Governor

 , Governor

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF OPERATIONS

Year ended December 31, 1987

	1987	1986
Insurance premiums - gross		
Basic life	\$ 2,659,842	\$ 2,504,596
Dependents' life	228,257	190,452
Accidental death and dismemberment	492,231	444,293
Dependents' accidental death and dismemberment	18,417	9,234
Long term disability	5,308,564	4,686,554
Office overhead	1,820,660	1,944,566
Office contents	1,626,370	1,357,638
Practice interruption	585,920	463,669
General liability	606,476	458,909
Malpractice	4,190,257	3,146,659
Dentists' staff plan	43,282	8,394
Personal umbrella liability plan	10,631	-
	<u>17,590,907</u>	<u>15,214,964</u>
Insurance premiums payable to insurers	15,296,442	13,230,403
Balance, representing collection and administration fee to Canadian Dental Service Plans Inc.	<u>\$ 2,294,465</u>	<u>\$ 1,984,561</u>

CANADIAN DENTISTS' INSURANCE PROGRAM
STATEMENT OF CHANGES IN FINANCIAL POSITION

Year ended December 31, 1987

	1987	1986
Cash provided by (used in) operating activities		
Insurance premiums received, net of refunds and provincial taxes	\$18,579,772	\$18,377,026
Net premiums paid to insurers	(15,380,586)	(14,763,989)
Payments to Canadian Dental Service Plans Inc. on account of collection and administration fee	(2,294,465)	(1,984,561)
Increase in cash during the year	<u>904,721</u>	<u>1,628,476</u>
Cash in bank - beginning of year	4,485,628	2,857,152
- end of year	<u>\$ 5,390,349</u>	<u>\$ 4,485,628</u>

CANADIAN DENTISTS' INSURANCE PROGRAM

NOTE TO FINANCIAL STATEMENTS

Year ended December 31, 1987

General

Canadian Dentists' Insurance Program offers group life, disability and other insurance to members of the Canadian dental profession, their families and employees. The program is unincorporated and operates under the authority of a participation agreement between Canadian Dental Association and the dental associations of the individual Canadian provinces.

Canadian Dental Association has entered into an agreement with Canadian Dental Service Plans Inc. whereby the latter provides collection and administration services to Canadian Dentists' Insurance Program for a fee which is calculated as 15% of the premiums paid to insurers under the program.

These financial statements present the financial position and results of operations of Canadian Dentists' Insurance Program. They do not include any assets, liabilities, income or expense of Canadian Dental Association, Canadian Dental Service Plans Inc. or any provincial dental association.

The objects of the Canadian Dental Foundation are:

- (a) To create and operate a fund to be used to assist in the encouragement of good dental health in Canada including the promotion of high levels of technical competence among dentists.
- (b) To educate the community at large in the following:
 - (i) to encourage the awareness and importance of good dental health;
 - (ii) to encourage the prevention of dental diseases;
 - (iii) to encourage treatment of existing dental disease in order to prevent the loss of teeth and supporting tissue.
- (c) To support and operate a library to be known as the Sydney Wood Bradley Memorial Library whose focus will be devoted to works of concern to dentists and other dental health care professionals.
- (d) To encourage the highest level of competence amongst Canadian dentists through the support of research, lecturers, seminar and other similar programs.
- (e) To co-operate, collaborate with and assist other organizations concerned with dental health care. Any funds disbursed directly to other organizations concerned with dental health care will only be disbursed to such organizations which are qualified donees as the term is defined in the Income Tax Act of Canada.
- (f) To solicit, receive and hold donations, gifts, devises and bequests for the objects of the Foundation.
- (g) To disperse and distribute such money and property in the furtherance of the objects of the Foundation.

Voici les buts de la Fondation dentaire canadienne:

- a) constituer et administrer un fonds qui aidera à promouvoir la bonne santé dentaire au Canada de même que la recherche de l'excellence professionnelle chez les dentistes;
- b) éduquer la population en général, notamment:
 - i) faire connaître l'importance de la bonne santé dentaire,
 - ii) promouvoir la prévention des maladies dentaires,
 - iii) encourager le traitement des maladies dentaires afin de prévenir la perte des dents et la détérioration des tissus de soutien;
- c) veiller au soutien et aux activités d'une bibliothèque spécialisée, connue sous le nom de bibliothèque Sydney Wood Bradley, qui collectionne des ouvrages intéressant les dentistes et les autres professions de la santé dentaire;
- d) promouvoir l'excellence professionnelle chez les dentistes en soutenant la recherche et l'organisation de conférences, de séminaires ou d'autres activités similaires;
- d) aider, par la collaboration ou la coopération, à d'autres organisations vouées à la santé dentaire - toute contribution financière de cette nature ne devant être versée qu'à des organisations qui sont qualifiées de donataires aux termes de la Loi de l'impôt du Canada;
- f) solliciter, recevoir et posséder des fonds provenant de dons, de cadeaux ou de legs, conformément aux buts de la Fondation;
- g) distribuer ces fonds et ces biens de façon à servir aux fins de la Fondation.

PERSONAL AND PROFESSIONAL RESUMÉ

Name : BONAR, Ronald Frank
Date of Birth : April 12, 1931
Nationality : Canadian
Marital Status : Married
Residence : 222 King Street, Oakville, Ontario, L6J 1B5
Telephone : Business - (416) 461-3161

EDUCATION

<u>Institution</u>	<u>Date</u>	<u>Course</u>	<u>Degree/Calling</u>
Forest Hill Collegiate Institute	1950	Junior & Senior Matriculation	Certificate of Achievement
University of Toronto	1953	Political Science and Economics	Bachelor of Arts
Osgoode Hall Law School	1957	Law	Barrister and Solicitor

PROFESSIONAL

<u>Dates</u>	<u>Organization</u>	<u>Function</u>
1956-57	The Goodyear Tire & Rubber Co. of Canada Limited	Law Student
1957-58	Messrs. Johnston, Sheard & Johnston, Barristers & Solicitors	Law Student
1958-59	Messrs. Johnston, Sheard & Johnston	Barrister & Solicitor
1959-64	The Goodyear Tire & Rubber Co. of Canada Limited	Barrister & Solicitor

Professional, contd ...

<u>Dates</u>	<u>Organization</u>	<u>Function</u>
1964-68	Colgate-Palmolive Limited	General Counsel
1968-76	Colgate-Palmolive Limited	Vice-President, General Counsel
1971-76	Colgate-Palmolive Limited	Secretary
1971-76	Colgate-Palmolive Limited	Director
1976 to date	CKR INC.	Director/Secretary
1976 to date	Colgate-Palmolive Canada, Division - CKR INC.	Vice-President, General Counsel
1977 to date	CKR INC.	Vice-President, Corporate Counsel

ASSOCIATED PROFESSIONAL ACTIVITIES

Body/Activity

CANADIAN MANUFACTURERS' ASSOCIATION	Member - Legislation Committee Member - Combines Law Subcommittee Member - Consumer Law Subcommittee 1977 - Chairman - Ad Hoc Committee Official Language Act (Bill 22) 1978 - Member - Panel on Charter of the French Language (Bill 101) 1984 - Board of Directors 1984 - Chairman - Legislation Committee
CANADIAN COSMETIC, TOILETRY & FRAGRANCE ASSOCIATION	1978/79 - Chairman of Association 1981 - Member - Advisory Board of Directors 1985- Chairman - Committee on Regulatory Review Co-Chairman - Joint CCTFA/HPB Task Force on Regulatory Review
SOAP AND DETERGENT ASSOCIATION OF CANADA	1981-87 - Chairman - Legislation Committee 1986- - Board of Directors 1987-88 - President of Association

Associated Professional Activities, contd...

Body/Activity

THE CANADIAN MANAGEMENT CENTER OF THE AMERICAN MANAGEMENT ASSOCIATION	1976-78	Lecturer - Industrial Product Management Course: "Legal Aspects of Product Management".
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CANADIAN CHAMBER OF COMMERCE	1983-	Member - Corporate Affairs Committee
---------------------------------	-------	--------------------------------------

AFFILIATIONS/MEMBERSHIPS

- Law Society of Upper Canada
- University Club of Toronto
- Canadian Bar Association
- Board of Trade
- Lawyers Club
- Halton Progressive Conservative Association
- Association of Canadian General Counsel
- Ordo Constantini Magni

* * * *

CURRICULUM VITAE

Name SCHWARTZ, Arthur

Address University of Manitoba, Faculty of Dentistry, Room D-113

780 Bannatyne Ave. Winnipeg, Man. Postal Code R3E 0W3

Office Telephone No. 786-3631 Area Code 204

Personal:

Wife - Daphne
- Five children

Education:

Pre Dental - University of Manitoba
Dentistry - University of Toronto 1945

Employment:

- Royal Canadian Dental Corps 1944 - 1947
- Private Practice, Kenora, Ontario and
Winnipeg, Manitoba
- Director, Dental Services, Province of Manitoba 1955 - 1958
- Medical Services Branch, Health and Welfare Canada 1971 - 1978
- Dean, Faculty of Dentistry, Univ. of Manitoba 1978 - present

CURRICULUM VITAE

Name Dr. Bradley W. Holmes

Address Box 79, 34 Matheson St. S.

Kenora, Ontario Postal Code P9N 3X1

Office Telephone No. 468-5581 Area Code 807

Personal: Born October 18, 1940

Education: Primary - Keewatin Public School
Secondary - Kenora-Keewatin District High School
University - University of Toronto, 1965
Internship - Michael Reese Hospital and Medical Centre,
Chicago, 1966

Practice: -Associate with Dr. A. Schwartz, 1966-1970
-Private practice, 1970-present

Dental Association Membership:

- Canadian Dental Association
- Kenora Rainy River Dental Society
- Winnipeg Dental Society
- Pierre Fouchard Academy
- Ontario Dental Association:
 - ..on Board of Governors total of 8 years
 - ..served on following committees,
 - Dental Services Committee
 - Ad Hoc on Admissions
 - ..Executive Council, 2 years
 - ..Executive liaison to Hospital Services Comm.
 - Student Services Comm.
 - Ad Hoc on Admissions
 - ..ODA President (1981)
 - ..CDA Executive Council 1982

Interests: Fishing
Hunting
Skiing
Boating

Dental Experience: 1970-76 - Governor ODA
1976-79 - Governor ODA
1977-79 - GExecutive Council ODA
1979-80 - President-Elect ODA
1980-81 - President ODA
1981-82 - Past President ODA
1980 - Governor CDA
1981 - Executive Council CDA

Memberships: Kenora-Rainy River Dental Society
Ontario Dental Association
Canadian Dental Association
Winnipeg Dental Society
Chicago Dental Society
Pierre Fauchard Academy
International College of Dentists
Academy of Dentistry International

CIRRICULUM VITAE

NAME: Donald V. Pamenter, C.A.E. - 31 Marlwood Drive
ADDRESS: Halifax, Nova Scotia
B3M 3H4
Telephone: (902) (h) 443-4046 (w) 420-0088

DATE OF BIRTH: August 29, 1949

EDUCATION: Graduate, Acadia University, 1971
Bachelor of Business Administration

MISCELLANEOUS: Member of Business Society
Member of Varsity Hockey Team

WORK HISTORY: October, 1980 -
Nova Scotia Dental Association
Executive Director

May, 1980 - September, 1980
Continental Bank - Toronto & Halifax
Assistant Manager
Corporate Training

November, 1976 - May, 1980
I.A.C. Limited - Continental Bank - Halifax
Training and Development Manager
Atlantic Division

January, 1973 - November, 1974
I.A.C. Limited - Moncton, New Brunswick
Assistant Manager

November, 1971 - January, 1973
I.A.C. Limited - Corner Brook, Newfoundland

May, 1971 - November, 1971
I.A.C. Limited - Bridgewater

PERSONAL: Married
Wife - Linda
2 children - Stephen, 7 years
Sandra, 4 years

Past President & Member, Institute of
Association Executives, Halifax Chapter
Past-representative to Institute of Canadian
Bankers
Received C.A.E. (Certified Association Executive)
designation, March 1987

APPENDIX III

A Message Un message
from the President du Président

December 1987

Dear Colleague:



In recent months increasing public and professional attention has focused on the relationship between Acquired Immune Deficiency Syndrome (AIDS) and dentistry. Numerous inquiries have been received at CDA Headquarters from the profession, the public and the media. Of primary interest to each group is the question of whether dentists and patients are at risk within the dental office, and what infection control procedures are necessary to prevent transmission of the disease from patient to dentist, and from patient to patient.

Inherent in any discussions on this issue is the role of the Canadian Dental Association. Our responsibility is two-fold:

- to efficiently and effectively communicate information to both the public and the profession, and
- to establish guidelines that are reasonable and practical for all members of the dental health care team.

Our knowledge of AIDS and its impact within society continues to evolve. Over the past six months, the CDA Journal has carried a variety of reports and articles on the disease itself, its transmissibility within the dental office, the moral and ethical issues related to the treatment of AIDS patients, the attitudes of dentists toward the disease, and the actions taken by other dental groups and health care agencies. The CDA recognizes its responsibility to provide the profession with the most current information available and we will continue to do so both now and in the future.

Discussions have been held with Health and Welfare Canada which should lead to "Recommendations for Prevention of HIV Transmission in Health Care Settings" being made available to every dentist in Canada early in 1988. As you know, these recommendations were developed and published by the Centers for Disease Control in Atlanta, Georgia and endorsed by the Federal Centre for AIDS.

.../2

On February 28-29, 1988 in Toronto, CDA will also hold a national conference on infection control within the dental office with emphasis on the following:

1. - a general practitioner's viewpoint and concerns
2. - a review of AIDS in Canada
3. - AIDS - A Scientific Overview
4. - the legal and ethical issues related to the treatment of patients with communicable diseases, such as AIDS.

This conference will be open to all dentists, their staff and spouses, and will allow CDA to debate, upgrade and enhance our current guidelines in this area. Further details will be available in the January 1988 issue of the CDA Journal.

CDA is committed to not only communicate with the profession but also with the public. In October, CBC Market Place aired a program on the potential for disease transmission within the dental office. As you may recall, the program questioned our views on the potential for disease transmission through retention of fluids in high speed drills and handpieces.

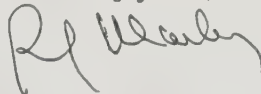
The CDA is aware of the possibility of contamination although no evidence exists to support actual transmission of disease in this manner. We do, however, encourage all members of the profession to thoroughly cleanse and flush out handpieces according to manufacturers' directions following the treatment of each patient, and to use autoclavable handpieces following surgical intervention. Our position was communicated to the Canadian Press immediately following the Market Place program.

Enclosed are the CDA's most recently updated infection control guidelines. We feel that they are reasonable and practical for the dental office and, we urge all members of the profession to employ them appropriately in their daily practice.

As has been pointed out in the November issue of the CDA Journal, AIDS has had and will continue to have an unsettling effect upon our lifestyles and profession. AIDS is a global issue that requires awareness, patience and perspective. It has and will continue to force all professionals to question their current methods of practice and to adapt to changing directions.

We, as professionals, must meet these challenges head on in order to maintain the public trust that is our heritage.

Sincerely yours,



Ron J. Markey, D.D.S., M.S.D.
President

Décembre 1987

Chère collègue,
Cher collègue,



La profession et la population se préoccupent de plus en plus du rapport qu'il y a entre le syndrome de l'immunodéficience acquise (SIDA) et la médecine dentaire. C'est ce qu'indique les nombreuses demandes de renseignements que le siège social de l'ADC a reçues à ce sujet au cours des derniers mois, tant de la part des professionnels et du public en général que des médias. Les gens se demandent surtout si la maladie présente certains dangers au cabinet dentaire et comment prévenir l'infection des dentistes et des autres patients par les patients sidatiques.

Avant d'examiner la question plus à fond, il convient de préciser que l'Association dentaire canadienne assume à ce sujet une double responsabilité, à savoir:

- bien informer la population et la profession
- offrir des conseils appropriés et pratiques à tous les membres de l'équipe dentaire.

Nos connaissances du SIDA et de ses ravages au sein de la société évoluent rapidement. Par exemple, au cours des six derniers mois, le Journal de l'ADC a publié divers articles sur la maladie elle-même et sa transmission au cabinet dentaire, sur les aspects moraux et déontologiques du traitement des patients sidatiques, sur l'attitude des dentistes face à la maladie ainsi que sur sa responsabilité pour ce qui est d'informer la profession des plus récents développements; et elle continuera de le faire.

Des discussions qui ont eu lieu avec Santé et Bien-être social Canada devraient aboutir à la diffusion des Recommandations concernant la prévention de la transmission du virus de l'immuno-déficience au cabinet dentaire à tous les dentistes du Canada au début de 1988. Comme vous le savez, ce document a été mis au point et publié par les Centers for Disease Control, d'Atlanta (Georgie), puis approuvé par le Centre fédéral sur le SIDA (Ottawa).

De plus, l'ADC tiendra, les 28 et 29 février 1988, à Toronto, un colloque national qui portera sur la prévention de la contamination au cabinet dentaire et mettra l'accent sur les points suivants:

.../2

1. le point de vue et les inquiétudes du dentiste de pratique générale;
2. le point sur le SIDA au Canada;
3. le SIDA - Un aperçu général scientifique
4. les aspects juridiques et déontologiques du traitement des patients atteints d'une maladie contagieuse, tel que le SIDA.

Tous les dentistes, leur personnel de même que leurs conjoints y sont invités. On y discutera des mesures actuelles de prévention et des moyens de les améliorer. Vous trouverez de plus amples renseignements à ce sujet dans le numéro de janvier 1988 du Journal de l'ADC.

L'ADC s'est engagée à renseigner non seulement la profession mais aussi la population. Au mois d'octobre, à l'émission Market Place, du réseau anglais de Radio-Canada, on a traité des possibilités de contamination au cabinet dentaire et émis certaines craintes sur la possibilité de transmettre la maladie par les liquides qui adhèrent aux fraises et au matériel de manipulation.

L'Association admet que cela est possible, mais on n'en a pas encore la preuve. Elle incite cependant tous les membres de la profession à nettoyer minutieusement leurs instruments après chaque patient, en suivant les instructions du fabricant, et à les stériliser à l'autoclave après chaque chirurgie. Notre position a été communiquée à la Presse canadienne immédiatement après l'émission.

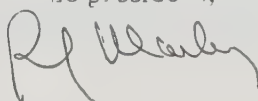
Vous trouverez ci-joint les tout derniers conseils que l'ADC a mis à jour pour vous aider à prévenir la contamination. Nous croyons qu'ils sont raisonnables et pratiques, et nous incitons tous les dentistes à les mettre en pratique dans l'exercice quotidien de la profession.

Comme on l'a indiqué dans le numéro de novembre du Journal de l'ADC, le SIDA continue de nous perturber dans nos vies comme dans notre profession. C'est un problème qui affecte le monde entier, qu'il faut situer dans sa véritable perspective et face auquel il faut s'armer de patience. C'est un problème qui continuera de forcer tous les professionnels à s'interroger sur leurs façons d'exercer et à s'adapter aux orientations nouvelles.

En tant que professionnels, nous devons relever de front ces gageures, afin de conserver la confiance de la population, dont nous avons hérité.

Veuillez agréer l'assurance de notre entier dévouement,

Le président,



Ron Markey, d.d.s., m.s.d.

Canadian Dental Association
Statement on the
Ethical and Legal Considerations
of Treating Patients with
Infectious Diseases

The Canadian Dental Association believes that individuals with infectious diseases should have access to dental treatment, and that treatment should provide for the well-being of these patients as well as for the protection of the health of the public and of the dental care providers. The dental profession in Canada has a long tradition of providing appropriate and compassionate care to the public, including special groups with special needs. It is the intention of the Canadian Dental Association to maintain related guidelines based on current scientific knowledge and accepted legal, moral and ethical imperatives. Policy will be reviewed on a regular basis and may be modified as new information and developments become available.

A number of facts must be considered:

1. Serious and potentially life-threatening infections such as those caused by Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) exist throughout Canada, affecting several hundred thousand persons, and are transmissible.
2. Most of those who have been infected with the HIV and/or the HBV are unaware of their infected state and are, therefore, capable of transmitting the infection unknowingly to others. Patients so infected cannot always be readily identified in the dental office by means of a medical history and examination.
3. Adherence to current infection control procedures (as outlined in CDA Recommendations for Infection Control) can virtually eliminate the risk of transmission of HIV or HBV within the dental office setting. Where such infection control procedures are used, there is no discernible risk of transmission of HIV or HBV from patient to dental health personnel, from dentist or other dental health personnel to patients, or from dental patients to other dental patients.
4. The dentist has a professional obligation to maintain the standards of practice of the profession and, accordingly, must ensure that infection control procedures are carried out in his or her practice. Dental personnel recognize an obligation to maintain currency of knowledge of infection control procedures and to apply these procedures in the practice setting. Dental personnel should also accept a responsibility to contribute to public understanding of effective approaches to infection control.

5. Dentists are the only persons who can provide a comprehensive oral diagnosis, plan overall treatment and management of patients with dental diseases or injuries and provide necessary dental services. As professionals qualified by their educational preparation and license to practise, dentists recognize a moral and ethical requirement to render necessary dental treatment to all members of the public. Accordingly, a dentist must not refuse to treat a patient on the grounds of the patient's HIV or HBV infection status.
6. A dentist infected by HIV and/or HBV who practises current infection control methods does not pose a risk of infecting patients. However, concern has been expressed as to the competence of practitioners to practise once the diseases have progressed. It is recommended that early consultation be pursued between the CDA and provincial dental associations on this issue and that consideration also be given to the issue of dental auxiliaries so infected.

Dental treatment can and should be rendered in the dental office to most patients with infectious diseases since their safe treatment simply requires following established communicable disease protocols and taking routine precautions to protect the dentist, the staff, and other patients who attend the office. It is recommended that institutional-based facilities be utilized to deal with those patients in advanced stages of infectious diseases who have other medical complications which make delivery of dental care in a specialized facility necessary for proper management of the patient's general well-being. CDA encourages further development of specialized institutional facilities dedicated to this purpose.

Approved by the
Board of Governors
Canadian Dental Association
March, 1988

CANADIAN DENTAL ASSOCIATION RECOMMENDATIONS FOR INFECTION CONTROL PROCEDURES

Dentists have always been concerned about disease transmission. Traditionally, this has been accomplished by the sterilization of surgical instruments. The appreciation that dentists are at risk for acquiring Hepatitis B has resulted in the realization that disease may not only be transmitted from patient to patient, but also from patient to dentist and dentist to patient. This has created the philosophy that all blood, saliva and other body fluids must be considered as potentially infectious. Such an understanding has necessitated a revision of previous infection control procedures.

The implementation of such changes will occur if the dental profession is aware of how practical infection control may be achieved. As the initial phase of this educational program the following infection control procedures have been developed.

Since medical history and examination cannot reliably identify all patients infected with HIV, HBV or other blood-borne pathogens, precautions should be consistently used for all patients.

- gloves should be worn in treating all patients when contact with blood, saliva and body fluid is anticipated;
- hands should be washed with a germicidal soap prior to and immediately after the use of gloves;
- masks should be worn to protect oral and nasal mucosa from splatter of blood and saliva;
- eyes should be protected with some type of covering to protect from splatter of blood and saliva;
- rubber dam should be used in restorative dentistry wherever possible;
- up-to-date immunization status must be maintained for dentists and staff with patient-related duties. This includes Hepatitis B, measles, mumps, rubella, and influenza;
- appropriate sterilization methods should be used on all dental instruments;
- handpieces and similar intra oral devices should be sterilized according to the manufacturer's directions; if not sterilizable, they must receive appropriate high level disinfection;

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- Counter tops, working surfaces and operatory furniture, especially if aerosols and/or blood splatter will be generated, should be protected by disposable covers and/or disinfected by a suitable liquid;
- Utilization of disposable materials is encouraged. Disposable materials should be discarded in plastic bags. Sharp items, such as needles and scalpel blades, should be placed in puncture-resistant containers prior to disposal;
- A high temperature wash cycle, with normal bleach concentration, followed by machine drying is recommended for clothing. Dry cleaning and steam pressing is also appropriate.

Approved by the
Board of Governors
Canadian Dental Association
March, 1988

L'Association dentaire canadienne
Enoncé de principe
sur les aspects déontologiques et juridiques
du traitement des patients porteurs
de maladies infectieuses

L'Association dentaire canadienne estime que les personnes qui sont atteintes de maladies infectieuses doivent avoir accès aux soins dentaires et que ceux-ci doivent leur être dispensés de façon à améliorer leur état tout en veillant à protéger la santé du public et celle du personnel dentaire. La profession dentaire du Canada a toujours dispensé ses soins avec attention et dévouement à toute la population, y compris ceux et celles qui ont des besoins particuliers. L'Association a donc l'intention de maintenir des lignes directrices qui se fondent sur les données de la science de même que sur des impératifs d'ordre juridique, moral et déontologique. Les énoncés de principe seront réexaminés régulièrement et pourront être modifiés au fur et à mesure des nouveaux développements.

Voici ces énoncés:

1. On trouve au Canada des infections graves et dangereuses, tel le virus de l'immuno-déficience humaine (VIH) et celui de l'hépatite B (VHB), qui affectent plusieurs milliers de personnes et qui sont contagieux.
2. La plupart des personnes qui sont porteuses de ces virus ignorent leur état et peuvent transmettre l'infection sans le savoir. La connaissance du passé médical et l'examen des patients ne permettent pas toujours de déceler rapidement, au cabinet dentaire, les personnes ainsi infectées.
3. L'application des mesures de prévention, qu'on trouve dans les recommandations de l'ADC à ce sujet, peut éliminer pratiquement le danger de la contamination au sein même du cabinet dentaire. Là où ces mesures sont prises, on ne discerne aucun danger de transmission de ces virus du patient au personnel dentaire, du dentiste ou du personnel dentaire au patient, ni du patient à d'autres patients.
4. Professionnellement, il incombe au dentiste de respecter les normes de la profession et de veiller à l'application des mesures de prévention de la contamination à son cabinet. Pour sa part, le personnel dentaire doit reconnaître qu'il lui incombe de connaître ces mesures et de les mettre en pratique, de même que d'aider le public à comprendre la nécessité de telles mesures pour prévenir efficacement la contamination.

5. Les dentistes sont les seules personnes à pouvoir faire un diagnostic complet de la bouche, dresser un plan de traitement, orienter le patient qui souffre d'affections ou de blessures aux dents et dispenser les soins nécessaires. En tant que professionnels, formés à cet effet et autorisés à exercer la médecine dentaire, les dentistes reconnaissent qu'ils ont, sur le plan moral et déontologique, l'obligation de dispenser les soins nécessaires à tout le monde et qu'ils ne peuvent, en conséquence, refuser de soigner un patient parce qu'il est porteur du virus de l'immuno-déficience ou de l'hépatite B.
6. Le dentiste qui est lui-même porteur de l'un ou l'autre de ces virus et qui applique les méthodes usuelles de prévention de la contamination ne présente aucun risque de contamination pour le patient. Néanmoins, comme on s'inquiète de la capacité d'exercer du dentiste dont la maladie a progressé, il est recommandé de poursuivre, sans tarder, la consultation entre l'ADC et les organisations dentaires provinciales à ce sujet et d'y inclure également la question des auxiliaires dentaires porteuses de virus.

On devrait poursuivre au cabinet dentaire le traitement de la plupart des patients qui ont une maladie infectieuse, puisqu'il est possible de le faire en toute sécurité en appliquant les mesures reconnues et en prenant les précautions usuelles pour protéger le dentiste, le personnel et les autres patients qui se trouvent au cabinet dentaire. Il est recommandé, cependant, de soigner en institution les patients dont la maladie infectieuse a atteint une phase avancée; ces patients peuvent avoir des problèmes médicaux qui rendent nécessaire, pour leur bien-être, la prestation des soins dentaires dans des services spécialisés dont l'ADC encourage l'aménagement dans les institutions.

Approuvé par le bureau des gouverneurs
de l'Association dentaire canadienne
Mars 1988

L'ASSOCIATION DENTAIRE CANADIENNE

RECOMMANDATIONS SUR LES MESURES DE PREVENTION DE LA CONTAMINATION

Les dentistes se sont toujours préoccupés de la propagation de la maladie. Ils prennent soin, par exemple, de stériliser leurs instruments. En prenant conscience qu'ils risquaient de contracter l'hépatite B, ils ont cependant compris que la maladie pouvait se transmettre non seulement de patient à patient, mais aussi de patient à dentiste et vice versa. On en a donc conclu que le sang, la salive ou tout autre liquide organique pouvait être contaminé, ce qui a entraîné la révision de nos méthodes de prévention de la contamination.

La profession n'adoptera cette nouvelle attitude que si elle sait concrètement comment prévenir la contamination. Il fallait donc, pour commencer, définir un certain nombre de mesures.

Comme la connaissance du passé médical et l'examen ne permettent pas toujours de déceler les patients qui sont atteints du virus immuno-déficient humain, du virus de l'hépatite B ou d'autres agents pathogènes d'origine sanguine, on doit toujours prendre les précautions qui suivent à l'endroit de tous les patients:

- il faut porter des gants lorsqu'on prévoit venir en contact avec du sang, de la salive ou d'autres liquides corporels;
- il faut se laver les mains avec un savon germicide avant d'utiliser les gants et immédiatement après;
- il faut porter le masque pour protéger les muqueuses buccales et nasales contre les éclaboussures de sang ou de salive;
- il faut se protéger les yeux de quelque façon contre ces éclaboussures;
- il faut se servir de digues de caoutchouc dans la mesure du possible en dentisterie de restauration;
- les dentistes et le personnel qui vient en contact avec les patients doivent toujours être immunisés contre l'hépatite B, la rougeole, les oreillons, la rubéole et la grippe;
- il faut appliquer les méthodes appropriées de stérilisation à tous les instruments dentaires;

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- les pièces à main et autres appareils similaires qu'on met dans la bouche doivent être stérilisés selon les instructions du fabricant; s'ils ne soutiennent pas la stérilisation, il faut les désinfecter minutieusement;
- le dessus des comptoirs, les surfaces de travail et le mobilier de la salle d'examen doivent être protégés par des housses jetables ou désinfectés avec les produits appropriés, surtout si on utilise des aérosols ou s'il y a des éclaboussures;
- il est préférable d'employer des matériaux jetables et de déposer les rebuts dans des sacs de plastique -- les articles aiguisés ou coupants, telles les aiguilles ou les lames de scalpel, doivent être placés dans des contenants résistants aux coups avant d'être jetés au rebut;
- il est recommandé de laver les vêtements à haute température avec une concentration ordinaire de détergent et de les sécher à la machine. Le nettoyage à sec ou à la vapeur convient également.

Approuvé par le bureau des gouverneurs
de l'Association dentaire canadienne
Mars 1988

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COUNCIL ON EDUCATION AND ACCREDITATION
TASK FORCE ON FUTURE PLANNING

DISCUSSION PAPER TWO

BACKGROUND

At the June 1987 meeting of the CDA Council on Education and Accreditation, it was apparent that the accreditation of educational programs for dentists and dental auxiliaries is becoming an undertaking of increasing magnitude. It is certain that resources in support of the accreditation process are finite and that there will need to be absolute clarity about purposes of the Council on Education and Accreditation if the need arises to allocate resources in terms of priority. Discussion at the meeting also noted that the National Dental Examining Board of Canada has asked the CDA Council to review how the accreditation process serves as a basis for national certification of Dentists. Questions also were raised about the potential of the Council on Education and Accreditation to play a role in the certification of dental auxiliaries. Finally, Council recorded its opinion that a "Commission on Accreditation" should be established to be responsible for accreditation standards and processes.

The Council on Education and Accreditation Task Force on Future Planning was formed as a result of Council's realization that many of these issues were interrelated and would not be satisfactorily addressed without reexamining the purposes of accreditation (and related quality assurance initiatives) and the structure, processes and resources required to achieve these purposes. The Task Force first met in September 1987 and reviewed a number of basic questions within each of these four areas. Appropriate responses were suggested and the questions and responses, collected in Discussion Paper One, were widely circulated for review and comment.

The second meeting of the Task Force was held January 7-8, 1988, and submissions in response to Discussion Paper One from the following were carefully reviewed:

- Canadian Dental Association Executive Council
- Canadian Dental Hygienists Association
- The National Dental Examining Board of Canada
- Canadian Association of Orthodontists
- Dean and Faculty of Dentistry, University of Toronto

- Ontario Dental Nurses and Assistants Association
- Wascana Institute of Applied Arts and Sciences
- Dianne Gallagher, Wascana Institute
- Ellen Brownstone, School of Dental Hygiene, University of Manitoba
- Dr. Ralph Barolet, Dean, Faculty of Dentistry, McGill University

In addition to these submissions, the Task Force studied the following:

- Terms of reference, CDA Council on Education and Accreditation
- Structure and Bylaws, ADA Commission on Accreditation
- "The Concept of a Commission on Accreditation", a discussion paper prepared by Brian Henderson for the November 1987 meeting of the Executive Council of the CDA Board of Governors.
- An analysis of revenues and costs associated with the accreditation process
- Conclusions of an April 1987 meeting on Accreditation arranged by the National Dental Examining Board of Canada
- A study of Accreditation in the U.S. funded by the Kellogg foundation
- A draft of a document outlining cooperation in accreditation between the CDA and The Order of Dentists of Quebec.
- An article By Dr. Alvin Morris and Dr. Harry Bohannon entitled "Assessment of Private Dental Practice: Implications for Dental Education".

Following discussion of all of the above, a number of preliminary conclusions were identified and this paper, DISCUSSION PAPER TWO, presents the results.

YOU ARE INVITED TO SUBMIT YOUR WRITTEN COMMENTS ON DISCUSSION PAPER TWO to Mr. Brian Henderson, Director of Education and Accreditation, Canadian Dental Association, 1815 Alta Vista Drive, Ottawa, Ontario, K1G 3Y6. Submissions should be received before March 11, 1988.

GOALS OR PURPOSES OF THE COUNCIL ON EDUCATION AND ACCREDITATION:

1(a) Is quality assurance in education our fundamental concern?

The Task Force believes that quality assurance in education is the fundamental concern of the accreditation process. The Council on Education and Accreditation plays a special role as a major interface between the fields of dental practice, certification and licensure and the field of education. It bridges these fields by developing accreditation standards that reflect the needs and realities of current practice and by ensuring, through on-site surveys, that educational programs meet these standards. It provides a basis for recognition of individual graduates for the purposes of certification. It encourages educational programs to develop and respond to changing patterns of oral health needs.

Quality assurance in education is a goal which must be met in the context of the needs and realities of current and developing dental practice. One important indication of the quality of an educational program is the ability of its graduates as practitioners. The Task Force recognizes that the quality of educational programs, particularly at the university level, is indicated by a number of academic dimensions currently well reflected within accreditation requirements. Our current accreditation requirements are not as specific with respect to the identification of a "floor" of skills which graduates of any accredited program might be expected to have acquired.

The task force is interested in the potential, in this context, of Competency Profiles --or detailed statements of what a program graduate should be able to carry out within a dental practice. Competency profiles are being established for Dental Assisting and Dental Hygiene. It is felt that a clear definition of national MINIMUM standards with respect to scope of practice in Dentistry would also be valuable (provided it reflected required cognitive and affective dimensions as well as required terminal skills of a dental practitioner). A starting point of this kind reflects the impact of dental practice on education and accreditation and reinforces the essential condition that the accreditation process take into account the needs and realities of practice. The educational system clearly contributes its own expertise in fields such as dental research, learning and educational methodology and builds upon this foundation in innovative ways which in turn may influence dental practice.

1.(b) Does our field of interest encompass educational programs for dentists and dental auxiliaries? If there are limitations in our interest, how can these be defined and justified?

Ideally, our field of interest encompasses education as it relates to dentistry and to all types of dental auxiliaries. A primary concern is protection of the public, indirectly, by means of the accreditation process and/or other quality assurance measures which promote the adequate preparation of dentists and dental auxiliaries. This concern implies that quality assurance processes are essential in relation to the preparation of Dental Hygienists and Level II (intra-oral) Dental Assistants, because they deliver services, under dental supervision, directly to the public. The Task Force does not believe that it is necessary to continue to employ the accreditation process for educational programs preparing level I (extra-oral) dental assistants, provided a well-supported national certification examination process can be developed to replace accreditation.

A distinction which the accreditation process could employ is to limit its concern to those educational programs preparing workers responsible to the dentist, who is in turn directly accountable to the public. Still, the preparation of other auxiliaries, such as dental technicians, is also within our concern. Some of these, i.e. denturists, carry out their duties independently (in some provinces). While their preparation is conceptually within our area of concern, the accreditation process may be politically or practically excluded from application in these areas.

1.(c) Can we legitimately pursue the quality assurance goal by involvement in certification as well as accreditation? What are the limits upon our involvement in certification?

Yes, we can and should cooperate in certification processes related to graduates of accredited programs. Accreditation is an important adjunct, even where certification examinations might exist, as it involves detailed scrutiny of all dimensions of an educational program, while certification examinations may verify only cognitive dimensions of preparation in some instances.

It is felt that the current linkage between the accreditation for dental education and the N.D.E.B. certification process for dentistry represents an ideal arrangement, which respects educational autonomy and the expertise of educational institutions, while ensuring that individuals meeting national requirements are

identified for purposes of provincial licensure. Similar links between the accreditation of educational programs for dental specialists and certification of individual specialists should be developed. In addition, links should ideally be developed between the accreditation of educational programs for dental auxiliaries and their individual national certification and subsequent individual provincial registration or licensure.

Limits are recognized with respect to our involvement with certification processes. It must be emphasized that accreditation is a process which deals with the assessment of programs and not with the examination of individuals as such. Accordingly, our concern for quality assurance must be met by examining educational programs in cooperation with certifying bodies rather than by directly examining or certifying individuals as individually qualified. As part of our process of examining educational programs, however, we legitimately can and should review the clinical skills of students as random products of the educational program which is being assessed. The "Clinical Outcomes Review and Evaluation" (C.O.R.E.) program which has been introduced within the accreditation process for undergraduate programs in dentistry illustrates one means of accomplishing the latter; similar programs should be considered for introduction within the accreditation processes for dental specialties and intra-oral dental auxiliaries.

The Task Force notes that there appears to be a serious misunderstanding, in some submissions in response to Discussion Paper One, of the purposes and processes of the C.O.R.E. program and of its carefully circumscribed and limited position within the accreditation process. The CORE program does NOT evaluate students as individuals. Some respondents also are apparently unaware that a consultative process was employed in establishing the C.O.R.E. program. It is clear that additional communication on this topic with educational programs is required. The Task Force continues to support the C.O.R.E. program as a DEVELOPING mechanism intended to provide a structured approach, within the accreditation process, to the assessment of the outcomes of clinical education.

The Task Force also notes the necessity for the accreditation process as a whole, particularly in its application to university programs, to reflect in its standards and processes equal or balanced concern for academic as well as clinical program dimensions.

1.(d) What are the factors which might determine the choice of accreditation or certification processes (or a combination of these) as quality assurance processes for the preparation of the different types of dental personnel?

The task force feels that an accreditation process is essential where the graduates of an educational program will be involved, (even if under dental supervision) in the delivery of intra-oral patient care.

1.(e) Are there other processes which we might utilize in pursuing the goal of quality assurance in relation to educational programs?

As noted earlier, the task force feels that competency profiles or definitions of minimum scope of practice, under certain conditions, can provide a basic point of departure for the accreditation of educational programs in dentistry.

Further cooperation in support of certification processes is also appropriate. For example, the Task Force has identified a need for a "Council on Auxiliary Certification" and has included details on possible terms of reference and composition in part 2 of this paper.

2. BASIC STRUCTURE REQUIRED:

2.(a) Is the current structure fully satisfactory? If not, what are the problems?

Accreditation as a Public Trust

The Task Force notes that in the early 1970's, the issue of "accreditation as a public trust" became prominent in the United States. A national commission was established to conduct a "Study of Accreditation of Selected American Health Educational Programs" (SASHEP), in May 1972. One of the first questions the commission asked was, "to whom and in what manner should the accrediting organizations be responsible: the professions, the schools and programs providing the education, the employers of the members of the professions, the users or recipients of the services of the professionals, the federal and state governments and the general public?" In answering its own question, the Commission noted that professional organizations have traditionally set standards for individual entry into health professions, often through accreditation of specialized programs of study. But it then points out the potential conflict of interest between a professional society's simultaneous responsibility to the public in this regard and to the economic and social welfare of the members of the association. It suggests as well that it is no longer uniformly believed that such responsibility can be left to the professionals alone. Health Care and its costs are increasingly visible and it is to be expected that the public will demand that health professions exercise their standard setting roles in the best interests of society. The Commission concluded that the accrediting process itself must be held accountable not merely to the health professions, but to a much broader constituency, including, in varying ways, the educational institutions that offer programs of study in health professional fields, the potential employers of health professionals, the federal and state governments, students, and ultimately the public at large. The recommendations arising from the report include the following:

Fundamental changes in the organization of accreditation of health educational programs are needed to promote improvement in the interprofessional relationships; to provide assurance to society that the accrediting process will be conducted in the public interest; and to provide a more equitable balance among the many diverse parties having a legitimate interest in accreditation of health educational programs.

The approval of standards and the accreditation of these programs of study must be subject to the final authority of a body that represents no single profession.

One of the consequences of the recommendations from this study and of several other developments occurring around the same time was the establishment in the United States of a national Commission on Post-Secondary Accreditation (COFA). Through the Commission, the U.S. federal Department of Health Education and Welfare became involved in "accrediting the accreditors" by ensuring that any group offering accreditation at the national level operates along the lines suggested by the recommendations just quoted. While there is no such supervisory body at the national level in Canada, the questions raised in the American study reflect expressed concerns of Canadian Ministries of Health and Education in each province. The Task Force recognizes these concerns, and the SASHEP recommendations, as legitimate, and has reviewed the terms of reference and structure of the CDA Accreditation process in the context of these concerns.

Current Arrangements Within the Canadian Dental Association

The accreditation process has achieved a degree of autonomy within the Canadian Dental Association. A policy on "confidentiality of information" which was approved in 1985 by the CDA Board of Governors ensures that accreditation reports go no further than the Council on Education and Accreditation and the Director of Education and Accreditation. The administration of the survey process and the functioning of the Director in this regard are reasonably protected, although the process depends upon the integrity of the Director of Education and Accreditation and the CDA Executive Director as well as on the continued understanding and respect of the CDA Board of Governors.

The Canadian Dental Association Board of Governors still directly controls the standards of the accreditation process, however. The competency profiles proposed as a foundation for the accreditation of educational programs in dental assisting and dental hygiene, for example, have been developed in consultation with educators, and associations representing dental auxiliaries. Final authority for their approval rests with the CDA Board.

Accordingly, the current structure is functional, with some difficulties arising because the "public interest, quality assurance process of accreditation" is under the

authority or jurisdiction of the Canadian Dental Association, the body responsible for the self-interest of the dental profession at the national level. The Council on Education and Accreditation operates in an autonomous fashion in determining the accreditation status of individual programs reviewed; accreditation standards and policies must receive the approval of the Canadian Dental Association Board of Governors. Concerns have been expressed by the Order of Dentists of Quebec, a provincial licensing body, about the need for formal representation on the Council, and solutions are complicated by CDA's need to reflect the interests of its corporate bodies, such as the Quebec Dental Surgeons Association, in the CDA structure. Relations between the Council on Education and Accreditation and individual licensing authorities in each province are indirect, although the group as a whole is represented on the Council.

The task force notes that there have been occasions, one most recently, when decisions of the Council on Education and Accreditation have been questioned by the program under review on the grounds that the decision appeared to reflect the self-interest of the dental profession. While the concerns were unfounded, there is no doubt about their sincerity. It is felt that initiatives are required to distance in a visible fashion the accreditation process and the Canadian Dental Association. The Task Force has identified a revised structure and related terms of reference which it believes can accomplish this and address other concerns identified in the course of its deliberations.

2(b) Can the structure be revised to deal with the concern of licensing authorities in each province to receive accreditation survey reports? Is it appropriate to move in this direction?

The task force believes that it is appropriate for licensing authorities cooperating in accreditation to receive survey reports on educational programs within their licensing jurisdiction. This is particularly important as a consideration when linkage exists between the accreditation and certification processes. The task force also believes that clear and stringent restrictions should be placed on further distribution or copying of these reports if they are made available to licensing authorities.

2.(c) Does the structure appropriately reflect the interests of all constituencies cooperating in the accreditation process? Are some groups over-represented or under-represented? Are important constituencies

omitted?

The Task Force notes that dental auxiliaries are under-represented and that education is well represented. It is understood that licensing representatives feel under-represented. The Task Force considers the numerical representation of licensing authorities within the accreditation process to be appropriate, but believes that the participation of licensing authorities, as a group, could be improved if they were able to strengthen their organization at the national level.

It has also been suggested that The Royal College of Dentists of Canada could warrant additional representation, on Council and on appropriate survey teams, if specialty certification and accreditation develop further links and cooperative processes.

The task force has not identified any new interests which should be reflected in the composition of the Council.

2.(d) Is the structure consistent with the goals and purposes? Is it credible and defensible in its own terms?

2.(e) and 2.(f) How well is the structure seen by those involved with accreditation and certification to be meeting needs?

2.(g) Are the current sub-committees appropriately structured in terms of their responsibilities?

2.(h) Do we require new sub-structures for specific purposes?

2.(i) Must members of committees be members of Council?

The task force recognizes that the terms of reference and composition of the Council require revision. Sub-committees also require restructuring and it is felt that members of sub-committees do not necessarily have to be members of Council. It was observed, for example, that the sub-committee which reviews survey reports on educational programs for dental auxiliaries is predominantly composed of representatives of the dental profession.

The Task Force proposes the following organization and structure as consistent with the goals described earlier and the concerns identified in the SASHEP study:

A COUNCIL ON EDUCATION

and

A SEPARATE (autonomous) COUNCIL ON ACCREDITATION

The Task Force is considering recommending that the CDA Council on Education and Accreditation be split into a Council on Education and a Council on Accreditation. The membership of both Councils would be almost identical, but each would have distinct terms of reference and there would be a critical difference with respect to reporting relationships: the Council on Education would report to the CDA Board of Governors and have a member of the CDA executive Council attend as executive liaison; the Council on Accreditation would not report further and would not include executive liaison.

The following is the first draft of an attempt to flesh out the above concept, and the Task Force expects that further expansion and refinement will result from its review of submissions on Discussion Paper Two.

COUNCIL ON EDUCATION:
DRAFT TERMS OF REFERENCE

Membership of the Council on Education:

- 2 members appointed by the CDA executive council
- 2 members (active in Hospital or Institutional Dentistry) appointed by the CDA executive Council
- 2 members nominated by the A.C.F.D. (one of whom shall be a dental hygienist)
- 2 members nominated by the N.D.E.B.
- 2 members nominated by provincial dental licensing authorities
- 1 member nominated by the R.C.D.C.
- 1 member (a dental assistant) nominated by C.D.A.A.
- 1 member (a dental hygienist) nominated by C.D.H.A.
- 1 member representing the consumer/public, nominated by the Council on Accreditation
- 1 member (a Dental student) nominated by the Council on Student affairs
- 1 member (a dental hygiene student) nominated by the Canadian Dental Hygienists Association
- 1 member (executive liaison) appointed by the CDA executive Council.

TOTAL 17 members (same as current Council on Education and Accreditation).

Appointments shall be for a term of three years, staggered, once renewable except for the student

members, who shall be elected for a one year term (renewable once). No person shall hold more than one position on the Council on Education nor may represent more than one organization or group.

The Committee on Continuing Education and the Committee on the Dental Aptitude Test shall be standing committees. The Council on Education shall have the power to appoint committees and sub-committees as it shall deem expedient.

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and make recommendations as well on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the CDA Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

It shall be the duty of the Council on Education:

- i) To give study to all matters relating to dental, dental specialty and dental auxiliary education.
- ii) To develop positions and make recommendations to the CDA Board of Governors on issues related to dental, dental specialty and dental auxiliary education.
- iii) To recommend to the CDA Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental, dental specialty and dental auxiliary education.
- iv) To study and make recommendations on the field of Continuing Education as it relates to Dentistry.
- v) To foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to the field of dentistry and dental, dental specialty and dental auxiliary education.

Committee on Continuing Education:

No changes are proposed with respect to existing terms of reference.

Committee on the Dental Aptitude Test:

No changes are proposed with respect to existing terms of reference.

COUNCIL ON ACCREDITATION-
DRAFT TERMS OF REFERENCE:

Membership of the Council on Accreditation:

- 2 members appointed by the CDA executive council
- 2 members (active in Hospital or Institutional Dentistry) appointed by the CDA executive Council
- 2 members nominated by the A.C.F.D. (one of whom shall be a dental hygienist)
- 2 members nominated by the N.D.E.B.
- 2 members nominated by provincial dental licensing authorities
- 1 member nominated by the R.C.D.C.
- 1 member (a dental assistant) nominated by C.D.A.A.
- 1 member (a dental hygienist) nominated by C.D.H.A.
- 1 member representing the consumer/public, nominated by the Council on Accreditation
- 1 member (a Dental student) nominated by the Council on Student affairs
- 1 member (a dental hygiene student) nominated by the Canadian Dental Hygienists Association

TOTAL 16 members (one less than the current Council on Education and Accreditation).

Appointments shall be for a term of three years, staggered, once renewable except for the student members, who shall be elected for a one year term (renewable once). No person shall hold more than one position on the Council on Accreditation nor may represent more than one organization or group.

The standing committees of the Council on Accreditation shall be the Committee on Undergraduate/Postgraduate Programs in Dentistry, The Committee on Auxiliaries, the Committee on Hospitals, The Committee on Documentation and the Nominating Committee. The Council on Accreditation shall have the power to appoint committees and sub-committees as it shall deem expedient.

The Council on Accreditation shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the CDA Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

It shall be the duty of the Council on Accreditation:

- i) To function as a partnership of organizations and expertise concerned to further the public interest through the accreditation process as applied to educational programs for dentists, dental specialists and dental auxiliaries as well as dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process helps to promote the preparation of dentists and dental auxiliaries with appropriate skills and competence, by:
 - defining national minimum standards with respect to scope of practice in dentistry as a basis for accreditation requirements.
 - establishing and maintaining national minimum standards with respect to scope of practice for dental auxiliaries as a basis for accreditation requirements.
- iii) To establish and maintain comprehensive accreditation requirements for educational programs for dentists, dental specialists and dental auxiliaries as well as dental residencies/internships and associated institutional dental services.
- iv) To operate accreditation processes evaluating educational programs for dentists, dental specialists and dental auxiliaries, as well as dental residencies/internships and associated institutional dental services, against national standards as set out in accreditation requirements for each area.
- v) To cooperate with provincial licensing authorities, the National Dental Examining Board of Canada, and others as appropriate with respect to current and developing certification processes for dentists and dental specialists involving a relationship with the accreditation process.
- vi) To cooperate with the Council on Certification, organizations representing dental auxiliaries, provincial licensing authorities, and the National Dental Examining Board of Canada with respect to the development of certification processes for dental auxiliaries involving a relationship with the accreditation process.
- vii) To cooperate with the Association of Faculties of Dentistry and other associations representing educators with an interest in national standards and quality assurance processes related to the preparation of dental personnel.
- viii) To cooperate with organizations representing dentistry and members of the oral health care team with an interest in national standards and quality assurance processes related to the preparation of dental personnel.

Committee on Undergraduate/Postgraduate Programs in Dentistry:

1 Council member	representing	ACFD
1 Council member	representing	RCDC
1 Council member	representing	Dental Licensing Authorities
2 Council members	representing	NDEB
1 Council member	representing	CDA
1 Council member	representing	Consumer/Public
1 Council member	representing	Dental Students

Committee on Auxiliaries:

2 Council members	representing	Auxiliaries
1 Council member	representing	ACFD
1 Council member	representing	CDA
1 Council member	representing	Dental Licensing Authorities
1 Council member	representing	Students
1 Non-member (Hygienist)		Dental Auxiliary Licensing Authorities
1 Non-member (Hygienist)		CDHA

Committee on Hospitals:

2 Council members	representing	Hospitals
1 Council member	representing	Dental Licensing Authorities
1 Council member	representing	Consumer/public
1 Non-member	representing	ACFD
2 Non-members	representing	CDA
1 Non-member	representing	CDHA

Implications of Changes in Structure Described Above:

A new structure as described above would entail very little difference in operating cost. It is noted that the two Councils, with almost identical membership, would likely operate as the single existing Council on Education and Accreditation does, with the open meeting corresponding to the meeting of the new Council on Education and the closed meeting corresponding to the meeting of the Council on Accreditation. Membership at the Council level has not been increased; in fact, costs of executive liaison have been reduced.

The new committees do not represent new costs as it is anticipated that these committees would meet concurrently in the same space of time as currently provided. The additional committee members identified as not being members of Council are seen as being financed by the organizations they represent.

The new Committee on Hospitals appears to represent additional costs, but this appearance is misleading. It would absorb responsibilities for accreditation now held by the Council on Hospital and Institutional Services, so that costs would likely be offset by corresponding savings in the operating costs associated with the latter. The Task Force believes that all accreditation activities should fall under the proposed autonomous Council on Accreditation. It is felt that the removal of such responsibility from the Council on Hospital and Institutional Services may provide an opportunity for the creation of a Council or Committee on Community and Institutional Dentistry, which might among other responsibilities be assigned the task of focussing CDA's initiatives with respect to geriatric dentistry.

The one specific proposed structural change which would require modest additional funding, at least initially, would be the creation of a Council on Auxiliary Certification:

COUNCIL ON AUXILIARY CERTIFICATION: DRAFT TERMS OF REFERENCE:

Membership:

2 members representing	CDHA
2 members representing	CDAA
1 member representing	NDEB
1 member representing	CDA
1 member representing	Dental Auxiliary Licensing

Authorities

1 member representing	Dental Licensing Authorities
1 member representing	Consumer/public

It shall be the duty of the Council on Certification to:

- i) Promote the development of self-supporting certification processes for graduates of educational programs for dental auxiliaries, as quality assurance processes supplementing accreditation and contributing to national portability of program graduates.
- ii) Cooperate with CDHA, CDAA and other associations representing auxiliaries to promote such development.
- iii) Cooperate with licensing authorities to develop linkage between national certification and registration or licensure of auxiliaries.
- iv) Cooperate with the Council on Education, ACFD and other educational organizations with an interest in certification as a quality assurance process.
- v) Cooperate with the Council on Accreditation with a view to utilization of the accreditation process as a basis for certification of current graduates of approved programs.
- vi) Consider, recognize and approve certification policies and processes consistent with the aims and objectives of the Council.

Rationale of the Task Force for the proposal to establish a Council on Certification:

The Task Force believes that the certification process can be a valuable adjunct to accreditation as a second quality assurance process operating in the public interest. For example, if the accreditation process were no longer to be applied to educational programs for level 1 (extra-oral) dental assistants, a national certification process with a broad base of appropriate support could provide an alternative approach to quality assurance. The establishment of basic certification processes would also provide a foundation for mechanisms concerned with continuing certification or competence.

While basic initiatives on such issues must come from organizations such as the Canadian Dental Hygienists Association and The Canadian Dental Assistants Association, their success depends upon credible linkage with and support from the dental profession, licensing authorities and educators. The proposed Council provides an autonomous "home" for such certification processes that could provide such credibility.

The Task Force also believes the new Council on Certification could be important as a mechanism

expediting communication and cooperation, at the national level, between licensing authorities in dentistry and in dental hygiene.

In the opinion of the Task Force, the National Dental Examining Board of Canada would be an ideal "home" for such a focus; the Task Force notes that the NDEB recently indicated that it could not officially undertake such a responsibility, although it might provide resources on a cost-recovery basis. The Task Force emphasizes that it is important that steps be taken to provide such a home immediately and looks to the establishment of the COUNCIL ON CERTIFICATION as a solution in the interests of dentistry, dental auxiliaries and the public.

3. BASIC PROCESSES REQUIRED:

3(a) Can or should we continue to meet demand for accreditation surveys of educational programs for all members of the oral health care team? If not, how do we meet responsibilities for quality assurance or limit these responsibilities in a justifiable fashion?

The Task Force believes that we should continue to attempt to meet demand for accreditation of educational programs preparing members of the oral health care team. Alternative approaches to quality assurance should be followed where appropriate (such as certification for level 1 or extra-oral dental assisting).

3(b) Is the same accreditation process appropriate for the assessment of private or commercially mounted educational programs as is employed for the assessment of public educational programs?

The Task Force feels that requirements and processes must be the same. Because commercial programs may be affected by additional external factors and may change quickly, a shorter term of accreditation should be employed. It is also appropriate to charge for such accreditation on a cost-recovery basis.

3(c) Could or should we be expanding our initiatives to cooperate in certification processes as an alternative means of contributing to quality assurance in education?

Please see the task force comments on the rationale for a Council on Certification.

3(d) In an accreditation survey, is it appropriate to go beyond the review of clinical skills of randomly selected individuals? Should we be attempting to assess every candidate?

The Task Force emphasizes that accreditation must NOT attempt to evaluate the performance of individual students as individuals. Review of the clinical competence of randomly selected students (as products of clinical education) is seen as proper and useful.

3(e) Is the accreditation process making unreasonable demands of schools or unduly influencing the educational process?

Most respondents suggest that the current demands of the accreditation process are reasonable. There is some concern, which the task force recognizes, that there is always potential for demands to become unreasonable. The task force has noted the need to balance academic and clinical dimensions in accreditation standards and processes. The Task Force notes as well the need for additional and improved communication with educational programs so that the accreditation process and its goals are not misunderstood and it continues to develop with appropriate input from education.

3(f) Are there other processes we should be employing to meet our goals efficiently and economically?

The Task Force feels that this question has been answered in other sections of this paper.

3(g) With respect to the operation of the Council on Education-- Does every member need full documentation on every survey? Is the format of survey reports meeting needs or are specific improvements required? Should members present on specific surveys be ineligible to take part in discussion of these specific survey reports? How can we streamline or improve the operation of the Council?

The Task Force is relatively well satisfied with the operation of the Council. Council is currently employing a system of structured independent review of survey reports by members of Council. The independent reviewers report to the appropriate committee and the committee makes recommendations to Council. Consequently, it is felt that Council members do not

need to be sent complete survey reports for every survey being considered; members should receive reports being reviewed by the committee on which they serve and the summaries of independent reviewers on the other committees.

The format of survey reports is regarded as generally satisfactory. It is felt that the Committee on Documentation should examine how the following are reflected in current requirements and survey reports: sequencing and integration of courses within programs; processes for course evaluation and revision; student evaluation.

Council members present on accreditation surveys should not, in the opinion of the Task Force, be excluded from discussion of the related survey reports. The Task Force emphasizes, however, that the Chairman of Council must accept responsibility for ensuring that programs reviewed in such circumstances are not subjected to inequitable scrutiny in comparison to programs under review where no member of Council was present. It is noted that the Director of Education and Accreditation is present on most surveys and is in a position to assist the Chairman in maintaining equitable levels of consideration of reports.

3(h) With respect to accreditation surveys-- How well is our current process working? Is the current five year cycle appropriate or could we employ a longer term? How long? Under what conditions? For what programs? What other changes should be introduced?

The Task Force considers that a seven year cycle of accreditation may be appropriate for all publically funded educational programs, provided there is a requirement for programs to submit annual questionnaires pinpointing areas where any changes are occurring. Educational programs operated by business interests, as noted earlier, may require a shorter cycle of accreditation, such as a three or four year cycle.

4. BASIC RESOURCES REQUIRED:

4(a) Are current survey fees appropriate? What changes should be made in the fee structure?

4(b) What changes need to be made in arrangements for annual contributions to ACFD and in ACFD annual grants in support of accreditation?

4(c) Are provincial divisions/licensing authorities contributing appropriately?

4(d) Is the NDEB contribution appropriate?

The Task Force is continuing its study of the above questions. Current revenue and costs have been reviewed and a 5 year projection is being prepared of costs associated with the revised structure under consideration.

4(e) Are there other constituencies who should be contributing?

The Task Force suggests that CDHA and CDAA, on principle, should support the accreditation process financially once an autonomous structure is established.

4(f) Should we be paying per diems to all accreditation surveyors or expect service on an accreditation survey as a professional contribution? Should there be changes or limitations with respect to policy on payment of per diems?

Per diems are regarded as appropriate, provided it is recognized that they are not intended to fully offset costs of non-salaried professionals assisting the work of Council. It is felt that accreditation warrants some level of support as a professional obligation.

The Task Force does not favour the introduction of more than one level of per diem, but the Director of Accreditation should have scope to take action administratively when a non-salaried surveyor is in his judgement penalized unduly by the specific circumstances of participation.

Since the daily per diem has not changed in many years, and since the amount is arbitrarily defined rather than related to a formula or any defined base, the Director of Accreditation has been asked to reflect an increase from \$150 to \$175 in the five year projection being prepared for review by the Task Force.

4(g) Are there other sources of funding which might support our processes?

The Task Force notes that the possibility of government funding was discussed, but wishes to record its opinion that governmental funding is inappropriate and that accreditation should be continue to be supported primarily by dental and dental auxiliary organizations and the educational programs seeking accreditation.

CONCLUSION:

The Task Force expects to be able to review submissions in response to this paper at its meeting on March 24, 1988.

It is anticipated that recommendations will then be drawn from the text of this paper, with revisions and additions in response to input and further discussion. The third draft of this document will become the report of the Task Force, with specific recommendations appended, and will be submitted to the Council on Education and Accreditation for consideration at its meeting in June 1988.

The Task Force on Future Planning,
Council on Education and Accreditation.

Dr. Roy Thordarson, Chairman.

Members:

Dr. Henry Dick
Ms. Kate MacDonald
Dr. Arthur Schwartz
Mr. Brian Henderson

Ottawa, Ontario, January 8, 1988.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

M E M O R A N D U M

January 12, 1988

TO: Executive Council

FROM: Dr. Robert N. Hicks, FDI - National Treasurer

SUBJECT: FDI Membership Promotion in Canada

Over the past few years, promotion of FDI membership in Canada has not been a budgeted item within the Canadian Dental Association.

Articles have been written and solicitations for membership, including membership application forms, have been published in the CDA Journal.

Once a year, the FDI National Treasurer - Canada produces a special "invitation to join FDI" together with a promotional piece on the forthcoming World Dental Congress. This information, together with an application form, is printing on coloured paper (for profile) and included in a CDA mailing.

The results of each year's efforts have been disappointing. At the recent FDI meeting in Buenos Aires, Canada was identified as one of the countries with the largest drop in FDI membership.

The FDI has approved a "Rebate Program" to act as an incentive for national dental associations to promote more FDI memberships in their countries. The program works as follows:

- 1) A rebate is granted (against the following years national dental association's FDI membership subscription) to member associations which recruit more than 5% of their members as FDI supporting members.
- 2) Supporting membership representing 5-10% of association membership will create a 10% rebate.
 - 10-20% of association membership equals 25% rebate.
 - Over 20% of association membership equals 33.3% rebate.

.../2

To encourage more interest in FDI membership, I feel that more information on "what FDI is about" should be circulated. FDI Headquarters has produced a pamphlet that has been distributed in England which looks promising. It would be necessary to Canadianize the information in the pamphlet and mail it out with FDI membership application forms.

In addition, I will be contacting regional representatives for FDI membership promotion to assist in presenting the values of FDI membership at regional dental meetings. These persons would be existing FDI supporters. Letters of encouragement to the Board of Governors of CDA to report on the value of FDI membership at local meetings will also occur. However, the development of the Canadian "FDI Pamphlet" is important to give these people "a tool" to work with.

Recommendation:

THAT a budget of up to \$5,000. be available to produce a Canadian FDI membership promotion pamphlet based on the copy received from the public relations officer of FDI, and

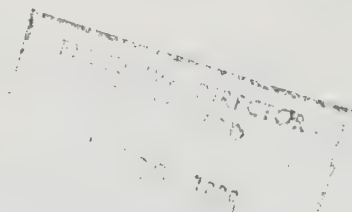
THAT the mailing of this pamphlet, together with an application form (plus information on the ADA/FDI meeting in Washington, D.C.) be given priority status in a limited content or stand alone CDA mailing.

Approved by Executive Council.

/msg

*Association
des chirurgiens dentistes
du Québec*

APPENDIX VII



Montréal, le 13 janvier 1988

Docteur Ron J. Markey, président
ASSOCIATION DENTAIRE CANADIENNE
1815, Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Cher collègue,

Au nom de l'Association des chirurgiens dentistes du Québec, j'accuse réception de votre lettre du 24 décembre 1987 et vous en remercie.

Nous prenons acte de l'acceptation, pour l'année 1988, de l'Entente de participation signée par l'A.C.D.Q dont nous avons reçu une copie signée par l'A.D.C. le 7 janvier 1988.

L'A.C.D.Q. collaborera à la poursuite de l'objectif exprimé dans votre lettre, à savoir refaire l'unité sur la question de distribution des surplus. Cela permettra également, nous l'espérons, d'aboutir à des décisions unanimes, légales et profitables pour l'ensemble des dentistes.

Le deuxième paragraphe de votre lettre requiert, par ailleurs, certaines clarifications.

Il n'y a aucun différend entre l'A.D.C. et les organismes provinciaux, y compris l'A.C.D.Q., sur l'objectif dont vous parlez: assurer le maximum de stabilité dans les régimes offerts aux dentistes et en maintenir les primes.

Le différend entre l'A.C.D.Q et l'A.D.C. porte plutôt sur l'exécution fidèle par le Comité Exécutif de l'A.D.C. de son devoir de fiduciaire de distribuer, avec diligence, le surplus du régime d'assurance-vie aux dentistes qui l'ont créé.

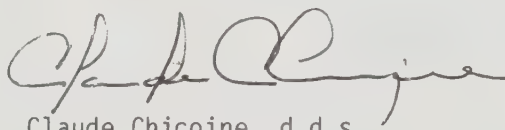
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- 2 -

Nous sommes disponibles pour vous rencontrer à votre plus proche convenance pour entreprendre immédiatement des discussions franches et productives afin de régler ce différend.

En vous remerciant pour vos vœux du Nouvel An, nous profitons de l'occasion pour vous transmettre les nôtres et sommes dans l'attente de vos nouvelles.

Le président,

A handwritten signature in dark ink, appearing to read 'Claude Chicoine', written in a cursive style.

Claude Chicoine, d.d.s.

CC/dm

UNOFFICIAL TRANSLATION

Montreal,
January 13, 1988

Dr. Ron J. Markey, President
6180 Blundell Road, Suite 210
Richmond, British Columbia
V7C 4W7

Dear Colleague:

On behalf of the QDSA, thank you for your letter of December 24, 1987.

We accept, for 1988, the Participation Agreement signed by the QDSA, and the CDA, a copy of which we received from the CDA on January 7th, 1988.

The QDSA will cooperate in the pursuit of the objective outlined in your letter, that is to rebuild unity on the question of surplus distribution. This will also permit, we hope, the reaching of decisions which are unanimous, legal and beneficial for all dentists.

The second paragraph of your letter, however, requires some clarification.

There is no disagreement between the CDA and its provincial corporate bodies, including the QDSA, on the objective to which you refer: to ensure maximum stability in the plans offered to dentists and to keep the premiums at their current levels.

The disagreement between the QDSA and the CDA concerns the responsibility of Executive Council of the CDA as trustee, to faithfully distribute the life plan surplus to dentists who created it, and with dispatch.

We are available to meet at your earliest convenience, to immediately undertake frank and productive discussions towards resolving this disagreement.

.../2

- 2 -

Thank you for New Year's wishes; we would like to take this opportunity to send you ours. We await your response.

Sincerely yours,

Claude Chicoine, D.D.S.
President



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

le 24 décembre 1987

Docteur Claude Chicoine
Président et directeur général
Association des chirurgiens dentistes du Québec
425 ouest, boul. de Maisonneuve
Pièce 1425
MONTREAL (Québec)
H3A 3G5

Cher Claude,

Je tiens d'abord à vous remercier de votre lettre du 10 novembre 1987 à laquelle vous avez joint l'Entente de participation de 1988 qui conserve le libellé de 1987.

Nous devons reconnaître que le débat sur la gestion des surplus du régime d'assurance-vie a été pénible et qu'il a semé le désaccord. Le différend entre l'ACDQ et les neuf autres organisations provinciales a porté sur des questions fondamentales, la très grande majorité voulant cependant conserver suffisamment de fonds excédentaires pour assurer le maximum de stabilité aux régimes à bénéfices que nous offrons aux dentistes du Canada et pour en maintenir les primes.

Bien que l'Entente que vous avez signée ne comprenne pas les modifications que le Bureau des gouverneurs de l'ADC a approuvées à la majorité, nous l'acceptons pour le moment afin de permettre aux dentistes du Canada (RADC) et d'en bénéficier, car, somme toute, c'est là l'objet principal des régimes d'assurance de l'ADC. Nous comptons cependant poursuivre le dialogue au cours de la prochaine année et espérons vous convaincre du bien-fondé des décisions que nous estimons avoir prises pour le bien de tous et de chacun. Nous nous sommes donc fixé pour 1988 un important objectif, celui de refaire l'unité de la famille dentaire sur cette question, et il nous tarde de travailler ensemble à le réaliser.

Tout en vous offrant mes meilleurs vœux à l'occasion des Fêtes, je vous prie d'agréer mes salutations les plus cordiales.

Le Président,

Ron J. Markey, D.D.S., M.S.D.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

TRANSLATION

December 24, 1987

Docteur Claude Chicoine,
Président et directeur général
Association des chirurgiens dentistes du Québec
425, ouest boul. de Maisonneuve
Pièce 1425
Montréal, Québec
H3A 3G5

Dear Claude,

Thank you for your letter of November 10, 1987 and the Participation Agreements for 1988 in conformity with the 1987 wording, which you enclosed.

We realize that the debate over the management of surplus funds has been difficult and has led to divisiveness. There has been a fundamental disagreement between the QDSA and the other nine provincial corporate entities as to the management of life plan surplus funds. The overwhelming majority have wanted to retain sufficient surplus funds to provide maximum stability and rate control in the benefit plans we offer to the dentists of Canada.

Although the Agreement you have signed does not include the amendments approved by majority vote of the CDA Board of Governors, we will accept it at this time in the interest of providing a vehicle through which the dentists in Quebec can continue to obtain coverage and participate in the Canadian Dentists Insurance Program (CDIP) for 1988. This, after all, is the real purpose of our CDA insurance plans. It is our hope that over the next year we can continue our dialogue with you and prove to your satisfaction that the decisions made in connection with CDIP have been made responsibly, and are in everyone's best interest. It will be our objective in 1988 to bring unity on this issue to the dental family, and we look forward to working with you in achieving this important objective.

Seasons greetings and best personal regards.

Sincerely yours,

Ron J. Markey, D.D.S., M.S.D.
President



DENT POUR DENT

L'A.D.C. ne respecte pas les dispositions des ententes de participation

Le 20 novembre 1987

Dr. Ron J. Markey
Président
Association dentaire canadienne
1815, Alta Vista Drive
Ottawa, Ontario K1G 3Y6

Monsieur le président,

J'ai reçu le 16 octobre dernier une *note de service* du directeur général de l'Association dentaire canadienne, monsieur Jardine Neilson, me demandant de signer trois exemplaires de l'Entente de participation 1988 intervenue entre l'Association des chirurgiens dentistes du Québec et l'Association dentaire canadienne.

Aucun représentant de l'Association des chirurgiens dentistes n'a accepté une telle Entente avec l'Association dentaire canadienne qui vise à modifier de façon draconienne la distribution des surplus du Régime d'assurance-vie.

Le texte de cette Entente présumée joint à la note de service de monsieur Neilson comprend en effet une modification fondamentale à l'Entente de 1987.

D'une part, on ajoute la notion de «régimes à bénéfices» à l'article 1 a) et d'autre part, une modification est faite à l'article 9 dont le texte se lisait, depuis au moins 1984, ainsi qu'il suit:

«Dans le cadre de ses pouvoirs de direction et de contrôle de l'administration des Régimes, l'ADC, par l'entremise de son Conseil exécutif, affecte tous éventuels excédents au Régime et aux participants au Régime dont ils proviennent, notamment par des réductions de primes, des améliorations ou des ajouts de garanties et le versement de participations.»

et qui se lirait désormais comme suit:

«Dans le cadre de ses pouvoirs de direction et de contrôle de l'administration des Régimes, l'ADC, par l'entremise de son Conseil exécutif, (1) affecte tous les éventuels excédents et tout régime à bénéfices à l'avantage desdits régimes, ou de l'un ou de plusieurs d'entre eux, et de leurs participants (2) affecte les éventuels excédents de tout autre régime que les régimes à bénéfices à l'avantage dudit régime et de ses participants, notamment par la réduction des primes, l'amélioration

des avantages ou l'ajout de nouveaux avantages, le versement de dividendes, ou autrement.»

Je vous rappelle d'abord l'article 5 de l'Entente de 1987 qui prévoit l'éventualité où l'Association dentaire canadienne ou le coparrain désire proposer des modifications à la formule de 1987 dans l'Entente de 1988. Telles modifications doivent être transmises avant le 1er juillet de l'année courante. Cela n'a pas été fait dans le cas présent.

Je vous rappelle d'autre part les objections formelles exprimées par les représentants de l'Association des chirurgiens dentistes lorsqu'il avait été question de la possibilité de modifier l'article 9 de l'Entente de 1987 dans le sens proposé maintenant dans l'Entente de 1988.

Dans ce contexte, l'envoi d'une *note de service* demandant notre signature est une façon d'agir insultante et cavalière.

Déjà en 1984, notre Association avait proposé des amendements pour l'Entente de 1985 qui avaient été rejetés, à peu de détails près, par l'Association dentaire canadienne. Pour sa part l'Association des chirurgiens dentistes avait dû accepter sous peine de voir ses membres privés d'assurance responsabilité professionnelle, le 1er janvier 1985, des amendements avec lesquels elle était en désaccord l'obligeant désormais à participer à tous les régimes.

Cette année cependant, l'amendement envisagé dépasse les bornes de la divergence de vues entre nos deux Associations.

Il apparaît des opinions juridiques de vos propres conseillers que cet amendement est illégal, puisqu'il permet l'affectation des surplus accumulés dans les années passées au profit de participants d'autres régimes que ceux dont les surplus proviennent.

Ainsi, l'étude Blake, Cassels et Graydon écrivait le 19 septembre 1986 en page 10, item (d) i) de leur opinion:

"The question arises as to who should receive a return of the funds. The Participation Agreement indicates that the funds are to be made use of for the benefit of the plan, and the Participants therein, which resulted in the surplus. As previously mentioned, as it would seem that "Plan" refers to the Master Agreement which has a one year term. Accordingly, it would seem proper to distribute the surplus at the end of the year to participants in the Plan in that year. In such a case the surplus is merely distributed so that benefits are received pro

rata among the persons who participated in the policy which generated the surplus in that year. (...)"

En résumé, toute l'opinion de ces avocats concluait que:

"there would appear to be an obligation upon the Association to distribute the surplus funds equitably to the participants of the plans which generated the surplus within a reasonable period of time" (p. 1)

Dans le cas de Me Moore, une opinion lui a été demandée de façon spécifique sur la possibilité de transférer du surplus du Régime d'assurance-vie dans un autre régime, en l'occurrence le LTD, ce que permettrait l'amendement proposé à l'article 9. Elle écrivait le 8 octobre 1986:

"Assuming that the CDA and all of the Co-Sponsors wish to use the life surplus in the manner proposed, the parties to each of the Participation Agreements can agree on appropriate amendments to permit this application of the surplus. (...)"

Elle ajoute que, même avec cet accord de tous les coparrains, ce qui n'est pas le cas en l'instance:

"(...) A distribution of the life plan surplus involving the use of that surplus to improve the benefits of the LTD plan where more than 30% of the life plan participants do not participate in the LTD plan could be challenged by a life plan participant who feels that surplus to which he has contributed should not be used to improve benefits or maintain lower premium rates in a plan to which he does not belong and I would anticipate that if such a position were to be asserted the courts would be sympathetic to the argument. The CDA's counter-arguments would have to be based on the difficulties of determining precise entitlements of individual policyholders and the overall benefits of the proposal to the CDA program and its participants. As indicated in my September 11, 1986 letter we cannot give you any reasonable assurance that these arguments would be accepted by the courts if they were challenged by a plan participant. Whether the CDA wishes to proceed without such assurance is a decision which its Executive Council and Board of Governors will have to make."

Me Moore réitérait le 18 novembre 1986 que:

"the more evidence that the proposal is fair and that each life plan participant who has contributed to the surplus is receiving an equal benefit or a benefit proportionate to his contribution which can be assembled the stronger the CDA's position will be"

et le 28 mai 1987:

"... the basic principle that the CDA Executive Council, as a fiduciary, has an obligation to exercise its discretion with respect to the Surplus Fund in good faith and for the benefit of those whose premium payments led to the creation of the surplus and to avoid favouring some of the beneficiaries at the expense of others applies, in our view, to the Surplus Fund as a whole and not merely to the Underwriting Surplus component of it."

Pour sa part, l'Association des chirurgiens dentistes n'entend pas, elle, procéder sans une assurance raisonnable que ses actes sont légaux et engager ainsi sa responsabilité financière pour les sommes importantes impliquées.

La lecture des opinions de Mes Blake, Cassels et Graydon et de Me Moore, sans compter l'opinion de nos conseillers juridiques, démontrent sans l'ombre d'un doute que cette garantie n'existe pas, bien au contraire.

Les surplus accumulés dans le Régime d'assurance-vie durant une année devraient normalement être distribués à la fin de cette année aux participants qui les ont créés.

Ceci exclut que l'on puisse appliquer rétroactivement à un surplus généré durant une année d'autres règles (par exemple celles qui entreraient en vigueur le 1^{er} janvier 1988), que celles de l'Entente en vigueur et applicable durant cette année-là.

L'Association des chirurgiens dentistes serait donc disposée à respecter une décision légale du Bureau des gouverneurs de l'Association dentaire canadienne qui insérerait dans les Ententes de participation des dispositions visant à affecter les surplus futurs dans le sens indiqué au projet 1988.

Elle ne peut toutefois que se dissocier formellement de la responsabilité que semble vouloir assumer l'Association dentaire canadienne de permettre au Conseil Exécutif de l'A.D.C. de disposer illégalement des surplus générés dans le passé au profit d'autres dentistes que ceux qui ont contribué à les créer.

Pour toutes ces raisons, vous trouverez ci-joint l'Entente de 1988, conforme à la formule de 1987, signée par l'Association des chirurgiens dentistes du Québec, que nous vous demandons de bien vouloir signer.

Nous attendons une réponse de votre part dans les plus brefs délais.

En vous remerciant.

Claude Chicoine, d.d.s.
Président-directeur général

The C.D.A. does not abide by the provisions of the Participation Agreements

November 20, 1987

Dr. Ron J. Markey
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6

Dear Sir:

On October 16 last, I received a *memorandum* from Mr. Jardine Neilson, Executive Director of the Canadian Dental Association, asking me to sign three copies of the 1988 Participation Agreement between the Quebec Dental Surgeons Association and the Canadian Dental Association.

No representative of the Quebec Dental Surgeons Association has accepted any such Agreement with the Canadian Dental Association which is aimed at changing the method of distribution of Life Insurance Plan surpluses in such a draconian manner.

The text of this presumed Agreement which was attached to Mr. Neilson's memorandum contained indeed fundamental amendments to the 1987 Agreement.

On the one hand, the idea of "Benefit Plan" was added in Section 1 a) and on the other, changes were made in Section 9, whose text has read as follows, since at least 1984:

"In directing and controlling the administration of the Plans CDA, through its Executive Council, shall adopt the policy of making use of surpluses arising under *any plan for the benefit of such Plan and the Participants therein* through the reduction of premiums, the improvement or addition of benefits, the payment of dividends or otherwise."

and which would now read as follows:

"In directing and controlling the administration of the Plans CDA, through its Executive Council, shall adopt the policy (1) of making use of surpluses arising under any Benefit Plan *for the benefit of the Benefit Plans and the Participants therein*, and (2) of making use of surpluses arising under any Plan other than a Benefit Plan for the benefit of such Plan and the Participants therein, through the reduction of premiums, the improvement or addition of benefits, the payment of dividends or otherwise."

First, I wish to remind you of Section 5 of the 1987 Agreement which provides for the possibility that the Canadian Dental Association or the co-sponsor wish to propose changes to the 1987 form in the 1988 Participation Agreement. Any such changes must be conveyed to the other party prior to July 1 of the current year. That was not done in this case.

I further remind you of the formal objections expressed by representatives of the Quebec Dental Surgeons Association when they were asked about the possibility of amending Section 9 of the 1987 Agreement, in the sense now proposed in the text of the 1988 Agreement.

In this context, sending a *memorandum* asking for our signature is an insulting and cavalier action, to say the least.

Back in 1984, our Association proposed amendments to the 1985 Agreement which were rejected, in almost every particular, by the Canadian Dental Association. For fear of seeing its members deprived of professional malpractice insurance as of January 1, 1985, the Quebec Dental Surgeons Association had to accept those amendments with which it disagreed, thereby being forced to participate in all Plans from then on.

This year, however, the proposed amendment exceeds all bounds of a mere divergence of views between our two Associations.

It appears from the legal opinions of your own counsel that this amendment is illegal, because it permits the use of surpluses accumulated in past years for the benefit of Participants in Plans other than that in which the surplus was generated.

This is what the legal firm of Blake, Cassels and Graydon wrote on September 19, 1986, on page 10, item (d) i) in their opinion:

"The question arises as to who should receive a return of the funds. The Participation Agreement indicates that the funds are to be made use of for the benefit of the plan, and the Participants therein, which resulted in the surplus. As previously mentioned, as it would seem that "Plan" refers to the Master Agreement which has a one year term. Accordingly, *it would seem proper to distribute the surplus at the end of the year to participants in the Plan in that year. In such a case the surplus is merely distributed so that benefits are received pro rata among the persons who participated in the policy which generated the surplus in that year. (...)*"

Summing up their opinion, these legal counsel concluded that:

"there would appear to be an obligation upon the Association to distribute the surplus funds equitably *to the participants of the plans which generated the surplus within a reasonable period of time*" (p. 1)

In the case of Mrs. Moore, she had been asked for a specific opinion on the possibility of transferring the Life Insurance Plan surplus to another Plan (in this case the LTD Plan), which would be permitted by the proposed amendment to section 9.

On October 8, 1986, she wrote:

"Assuming that the CDA and *all* of the Co-Sponsors wish to use the life surplus in the manner proposed, the parties to each of the Participation Agreements *can* agree on appropriate amendments to *permit* this application of the surplus. (...)"

She adds that, even with the agreement of *all* the Co-Sponsors, which is *not* the case in this particular instance:

"(...) A distribution of the life plan surplus involving the use of that surplus to improve the benefits of the LTD plan where more than 30% of the life plan participants do not participate in the LTD plan *could be challenged by a life plan participant who feels that surplus to which he has contributed should not be used to improve benefits or maintain lower premium rates in a plan to which he does not belong and I would anticipate that if such a position were to be asserted the courts would be sympathetic to the argument.* The CDA's counter-arguments would have to be based on the difficulties of determining precise entitlements of individual policyholders and the overall benefits of the proposal to the CDA program and its participants. As indicated in my September 11, 1986 letter *we cannot give you any reasonable assurance that these arguments would be accepted by the courts if they were challenged by a plan participant. Whether the CDA wishes to proceed without such assurance is a decision which its Executive Council and Board of Governors will have to make.*"

On November 18, 1986, Mrs. Moore again states that:

"the more evidence that the proposal is fair and that *each life plan participant who has contributed to the surplus is receiving an equal benefit or a benefit proportionate to his contribution* which can be assembled the stronger the CDA's position will be"

and on May 28, 1987:

"... the basic principle that the CDA Executive Council, as a fiduciary, has an obligation to exercise its discretion with respect to the Surplus Fund in good faith and *for the benefit of those whose premium payments led to the creation of the surplus* and to avoid favouring some of the beneficiaries at the expense of others applies, in our view, to the Surplus Fund as a whole and not merely to the Underwriting Surplus component of it."

The Quebec Dental Surgeons Association, for its part, does not intend to proceed without reasonable assurance that its actions are legal, and thereby engage its financial responsibility for the important amounts involved.

Reading the opinions of Messrs Blake, Cassels and Graydon, along with those of Mrs. Moore, let alone those of our own legal counsel, demonstrates *beyond the shadow of a doubt* that such a guarantee does not exist. Quite to the contrary.

Surpluses accumulated in the Life Insurance Plan during the year should normally be distributed at the end of that year to the Participants whose premium payments created the surplus.

This rules out any idea that a surplus generated during the year can be subject to the application of any rules (for example, those which will come into force on January 1, 1988) other than those in the Agreement in force and applicable during the year in question.

The Quebec Dental Surgeons Association will be prepared to respect a legal decision by the Board of Governors of the Canadian Dental Association which will insert in the Participation Agreements provisions aimed at making use of *future* surpluses in the sense indicated in the 1988 draft.

However, it can only formally disassociate itself from the responsibility which the Canadian Dental Association seems willing to assume by permitting the CDA Executive Council to dispose illegally of surpluses generated in the past for the benefit of dentists other than those who helped create them.

For all those reasons, I have enclosed the 1988 Agreement, in conformity with the 1987 form. It has been signed by the Quebec Dental Surgeons Association and is now ready for your signature.

We would appreciate hearing from you in the very near future, and thank you in advance for your cooperation in this matter.

Sincerely,

Claude Chicoine, D.D.S.
President and Executive Director



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FAX #: (613) 523-7736

SCHEDULE FOR DR. RON J. MARKEY, PRESIDENT1987-881987

September 12	Executive Council	Ottawa
September 18-20	Northern Ontario Dental Association (Represented by Dr. Kevin Roach)	
September 21	Welcome to the Profession - Western Ontario (Represented by W. Leggett)	London
September 30 - October 1	Federal/Provincial Dental Directors (Represented by Dr. John Robertson)	St-John's
October 3	Testimonial Dinner - Dr. Douglas Yeo	Vancouver
October 8	Welcome to the Profession - Dalhousie (Represented by Dr. J. Robertson)	Halifax
October 10-15	American Dental Association - Convention	Las Vegas
October 20	Toronto All Societies Meeting (Represented by Dr. K. Roach)	Toronto
October 24-30	FDI Congress	Buenos Aires
October 26	Welcome to the Profession - Montreal (Represented by Dr. G. Dubé)	Montreal
October 27	CDA/ODA Information Nights (Represented by Dr. W. Leggett)	Toronto
October 28	Welcome to the Profession - Saskatchewan (Represented by Dr. J.W. Niedermayer)	Saskatoon
November 3	Vancouver and District Dental Society	Vancouver
November 9	Dinner - NDEB	Ottawa
November 11-12	Management Committee	Val-David

.../2

November 13-15	Executive Council/Planning Session	Val-David
November 16	Welcome to the Profession - McGill (Attended by L. Teteruck, Dr. Crawford)	Montreal
November 26	Meeting with O.D.Q. - Dr. Marc Boucher	Montreal
November 26	Academy of Dentistry - Winter Clinic	Toronto
November 27-28	ODA Board	Toronto
November 28	CDA/CDSPI Management	Toronto

1988

January 27	Management	Whistler
January 29-30	Executive	Whistler
February 3	ADA/CDA meeting of senior officers	Ottawa
February 8-9	CDA Teaching Conference on Strategic Planning	Toronto
February 28-29	Conference on Infection Control	Toronto
March 23	Meeting with R.C.D.S.	Toronto
March 25-26	Interim Meeting - Board of Governors	Ottawa
March 28	Meeting - QDSA re: CDSPI	Montreal
April 21-22	National Symposium on Geriatrics	Winnipeg
May 7	Newfoundland Dental Association - Annual Meeting	Gander
May 6-7	ODA Board of Governors	Toronto
May 8-11	ODA Convention	Toronto
May 9	Ontario Dental Nurses & Assistants' Association Spring Convention	Toronto
May 11-12	Prince Edward Island Meeting	Charlottetown
May 14	Annual New Brunswick Dental Society	St. John, N.B.

May 27	University of Toronto - Grad Luncheon (Represented by Dr. K. Roach)	Toronto
May 30	McGill Grad Breakfast (Represented by Dr. G. Dubé)	Montreal
May 31-June 2	Les Journées Dentaires	Montreal
June 3	Western Univ. - Grad. function (Represented by Dr. B. Dolansky)	London
June 3-5	College of Dental Surgeons of Saskatchewan (Represented by Dr. Jack Niedermayer)	Moose Jaw
June 7	Management Committee	Ottawa
June 8	Media Training	Ottawa
June 9-10-11	Pre-Board Executive Council - Budget/ Planning	Ottawa
June 10-11	ACFD House of Delegates	Montreal
June 12	CDHA Annual Meeting of Board of Directors (Represented by Dr. Jack Niedermayer)	Ottawa
June 16-19	B.C. College Convention	Vancouver
June 17-18	CDA Teaching Conference - Continuing Education (Representated by Dr. Kevin Roach)	Montreal
August 4-5	CFDS Grad Ceremonies	Borden
August 19-20	Annual Meeting - Board of Governors	Edmonton
August 20	Executive Council (new President to Chair)	Edmonton
August 22	Dental Corps Reception	Edmonton

Bold: Tentative dates

1988-05-06
/msg

MANAGEMENT

REPORT TO THE 1988 CDA INTERIM BOARD OF GOVERNORS

Members: Dr. Ron J. Markey, Vancouver - Chairman
 Dr. Jack Niedermayer, Regina
 Dr. John R. Robertson, Summerside
 Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

Since the 1987 Annual Meeting of the CDA Board of Governors, the Management Committee has met twice - November 11-12, 1987 and January 27, 1988.

ITEMS REQUIRING BOARD ACTION

2. Audited Financial Statement - Canadian Dental Association

A draft Audited Financial Statement was reviewed by Executive Council. The Audited Statements are appended and explanatory notes are included for information.

APPENDIX A

RESOLVED:

88.8 THAT the audited statement for the Canadian Dental Association for the year ending December 31, 1987 be approved.

ADOPTED

Membership Fee Increase

NOTE: The Executive Council will review the 1989 Budget at the June Executive Council meeting. The Board was given notice that a recommendation for a 1989 membership fee increase will be presented to the 1988 Annual Meeting based on the 1989 budget.

3. Audited Financial Statement - Canadian Dental Research Foundation

Management Committee reviewed a draft Audited Financial Statement for the Canadian Dental Research Foundation.

APPENDIX A

RESOLVED:

- 88.9 THAT the audited financial statement for the Canadian Dental Research Foundation for the year ending December 31, 1987 be approved.

ADOPTED

4. Mortgage Loan - CDA Headquarters Building

As directed by the Board of Governors, the Management Committee reviews the status of the mortgage loan on the CDA Headquarters building at each meeting. Full details of the mortgage loan as at January, 1988 are appended. Management Committee reviewed a report on the advantages of discharging the mortgage loan, and is satisfied that this action is in the best interest of the CDA. The availability of a line of credit for emergency purposes has been discussed and will be confirmed by the Toronto Dominion Bank.

APPENDIX B

RESOLVED:

- 88.10 THAT the mortgage loan on the CDA property be paid in full; and,

THAT the availability of a revolving line of credit in the amount of one-half million dollars be confirmed in writing by the CDA banking agent - the Toronto Dominion Bank.

ADOPTED

5. CDA Spokespersons - Funding

CDA Spokespersons are required to attend conferences and symposia to keep informed of developments in their respective areas.

RESOLVED:

- 88.11 THAT CDA Spokespersons be reimbursed for their travel and accommodation costs related to their attendance at Management approved Conferences/Symposia.

ADOPTED

All individuals attending functions on behalf of the Management Committee will be requested to report on their activities; CDA Spokespersons will be requested to ensure that they prepare reports on significant developments in their areas of expertise.

All reports are to be forwarded to the Executive Director's Office, for appropriate distribution.

6. Structure - Management Committee

The current structure of the Management Committee and the role of the Past-President were reviewed. An evaluation of comparative management structures at the provincial level has been made. A structure comprising a Vice-President, President-Elect and President is indicated. The main advantage of this type of structure is that all three positions are ascending; this reflects in a positive attitude and high profile for all Management members.

APPENDIX C

RESOLVED:

88.12 THAT the CDA Management Committee structure be revised to comprise a Vice-President, President-Elect and a President; and,

THAT the appended scenario for change be approved, including provision to elect a Vice-President at the 1989 Interim Meeting; and,

THAT the Council on Constitution and By-Laws be directed to make the necessary By-Law amendments.

ADOPTED

If the above recommended restructure is approved by the Board, Roles and Responsibilities of the members of the Management Committee will be reviewed and defined.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Space Requirements Analysis

An analysis of CDA headquarters space requirements for the next two years is being conducted. Management has requested that a range of

scenarios be examined focusing on the financial implications of each. Future leasing potential of the CDA property, and renovations required to optimize space and provide for future staff expansion, are among the factors to be considered. The potential for increased equity at the present locale will be evaluated, and the advantages of purchase in alternative locales vis a vis property value escalation will be examined. The Board of Governors will be kept informed of developments on a ongoing basis, and any recommendations forthcoming will be presented at a future meeting of the Board.

8. CDA Insurance Coverage

The existing policies held by CDA have been reviewed and current insurance requirements examined. Several areas, including earthquake and flood damage and office interruption, may be inadequate and additional coverage will be considered when renewing the various CDA insurance policies.

The CDA presently has liability coverage as follows:

General Liability	\$1,000,000
Umbrella Liability	\$4,000,000
Directors' and Officers' Liability	\$3,000,000

An additional \$1,000,000 coverage for Directors' and Officers' Liability is being sought.

9. Library Services

The Publications Committee was requested by the Management Committee to review library charges and report to Executive Council, recommending appropriate increases in charges to members and non-members. The recommendations of the Publications Committee are contained in its report.

10. Four Seasons Hotel - Ottawa

The relationship between CDA and the Four Seasons Hotel - Ottawa has been reviewed, following difficulties experienced during the 1987 Annual Meeting. The extensive fire and safety renovation program has been completed; refurbishing of bedrooms is ongoing and will ensure a continuing superior quality of accommodation to guests. Appropriate amendments have been made to systems, which will permit the Four Seasons to manage and anticipate our requirements in a competent and suitable fashion.

11. Air Travel - CDA Board of Governors Meetings

Executive Council has been examining ways by which funds can be made available for redirection to emerging priorities. Increased revenue generation and reduction of expenditures are two ways in which this can be achieved.

The air travel market is currently very competitive; the potential for cost savings in this area is considerable.

The Interim and Annual Meetings of the CDA Board of Governors are the largest events which CDA funds. Further, the dates of these events are known to all those involved well in advance.

The CDA has arranged for Uniglobe Premier Travel Planners Inc. of Ottawa, to act as travel agents for the 1988 Interim Meeting of the CDA Board of Governors, being held in Ottawa March 25-26, 1988.

Uniglobe has been instructed to book the lowest fares available for all attendees whose expenses are covered by the CDA. This applies to all CDA Governors, the Chairman of the Board, and Council and Committee Chairpersons. Convenience of route will be a consideration, as will specific requirements to qualify for reduced airfares, such as the "Saturday night stay-over".

12. Presidential and Management Activities

A position paper on Presidential and Management activities and specific guidelines for Presidential Activities has been developed. The Executive Council has approved this paper as a resource document.

APPENDIX D

13. 1988 Per Diem and Honorarium Rates

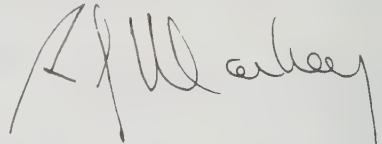
The appended rates for per diems and honoraria were approved effective January 1, 1988. The 1987 rates were adjusted by CPI of approximately 4%.

APPENDIX E

14. FDI Subscription Fee

The 1988 FDI Member Association Fee in the amount of 10,466 pounds sterling has been approved. The report of the FDI National Treasurer updates the Board on the FDI review of fees paid by member associations.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'Ron J. Markey', written in a cursive style.

Ron J. Markey, D.D.S., M.S.D.
President

ADOPTION OF REPORT

The Board of Governors accepts the report of the Management Committee with appreciation.

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
DECEMBER 31, 1987

CANADIAN DENTAL ASSOCIATION
INDEX TO FINANCIAL STATEMENTS
DECEMBER 31, 1987

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2	Balance Sheet
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5	Library Trust Fund Statement of Revenue and Expenses and Equity
6	The Grieve Memorial Lectureship Fund Statement of Revenue and Expenses and Equity
7 & 8	Notes to Financial Statements
9	Schedule of Revenue Executive Education and Accreditation Communications Administration
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13	Schedule of Membership Revenue by Province The Canadian Dental Research Foundation
14	Auditors' Report
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16	Statement of Revenue and Expense
17	Notes to Financial Statements

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

Page 1

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.A.D.M., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367

AUDITORS' REPORT

To the Members,
Canadian Dental Association.

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1987 and the statements of equity, revenue and expenses and revenue and expenses and equity for the Library Trust Fund and the Grieve Memorial Lectureship Fund for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Association as at December 31, 1987 and the results of its operations for the year then ended in accordance with accounting policies as described in note 1, applied on a basis consistent with that of the preceding year.

McCay, Duff & Co

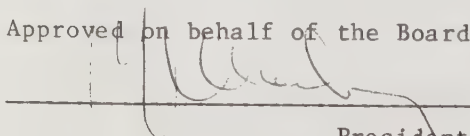
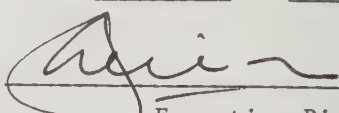
Chartered Accountants.

Ottawa, Ontario,
January 25, 1988.

CANADIAN DENTAL ASSOCIATION

BALANCE SHEET

AS AT DECEMBER 31, 1987

	ASSETS	1987	1986
CURRENT			
Cash		\$ 499,036	\$ 417,179
Cash - Building Contingency Fund		6,852	2,674
Investments		1,190,568	495,390
Accounts receivable		167,019	53,095
Inventory (note 1)		57,022	41,210
Prepaid expenses		65,807	23,152
		<u>1,986,304</u>	<u>1,032,700</u>
FIXED (notes 1 and 2)		<u>1,287,470</u>	<u>1,369,829</u>
		<u>3,273,774</u>	<u>2,402,529</u>
	TRUST ASSETS		
Cash		33,673	46,910
Accounts receivable		41	302
Prepaid expenses		8,010	7,876
Library books and furniture (at nominal value)		<u>1</u>	<u>1</u>
		<u>41,725</u>	<u>55,089</u>
		<u>\$3,315,499</u>	<u>\$2,457,618</u>
	LIABILITIES		
CURRENT			
Accounts payable		\$ 264,361	\$ 95,656
Deferred revenue		976,978	284,912
Current portion of long-term debt		27,000	27,150
		<u>1,268,339</u>	<u>407,718</u>
LONG-TERM DEBT (note 3)		<u>441,337</u>	<u>468,337</u>
		<u>1,709,676</u>	<u>876,055</u>
	EQUITY		
SURPLUS		744,966	652,132
EQUITY IN FIXED ASSETS (note 4)		<u>819,132</u>	<u>874,342</u>
		<u>1,564,098</u>	<u>1,526,474</u>
		<u>3,273,774</u>	<u>2,402,529</u>
	TRUST EQUITY		
Library Trust Fund		34,483	48,242
The Grieve Memorial Lectureship Fund		7,242	6,847
		<u>41,725</u>	<u>55,089</u>
		<u>\$3,315,499</u>	<u>\$2,457,618</u>
Approved on behalf of the Board:			
			
President		Executive Director	

SUPPLEMENTARY NOTES TO THE 1987 AUDITED FINANCIAL STATEMENTS

These notes were prepared by staff and explain financial activity which may not be evident from the figures alone.

BALANCE SHEET (page 2)

ASSETS

Current

Cash

Cash holdings are at approximately the same level as last year. Cash on hand is sufficient to cover approximately 1 1/2 months' expenses.

Investments

Investments were up significantly compared to last year, principally due to the fact that the 1988 membership campaign was initiated in October of 1987. This prompted the receipt of 1988 membership money prior to the actual start of the year. Coincidentally, the deferred revenue is also higher as the monies CDA receives in the current year that apply to the following year must be accrued in deferred revenue.

Building Reserve Fund

CDA has attempted to build up a modest reserve fund for future property needs; \$20,000 has been transferred to the fund in each of the last two years. Property improvements, however, have required that this fund be utilized and hence now has a balance of \$6,852.

Accounts Receivable

Receivables were up at the end of 1987 simply as a result of timing. A number of projects were entered into in the latter part of the year for which revenue will be collected in the early part of 1988. Significant among these were a number of projects being sponsored by the Canadian Fund for Dental Education. As well, the corporate membership fee from the province of Québec for 1987 was delayed and was consequently set up as a receivable. It has since been received.

Pre-Paid Expenses

Pre-paid expenses were up somewhat from last year due largely to the 1988 and 1989 conventions. These events are specific to the year and fall outside normal financial operations. Hence, expenses paid in the current year are recorded as pre-paid expenses.

Fixed Assets

A detailed breakdown of the fixed assets is included as part of the "formal" notes to financial statements.

LIABILITIES

Current

Accounts Payable

A high number of invoices received early in 1988 for 1987 expenses caused a jump in accounts payable figure. Amounts payable to Manifest Communications for the Dental Awareness Program made up some \$125,000 of this amount.

Deferred Revenue

As noted above, under Investments, deferred revenue is up significantly as a result of the accrual of 1988 membership fees.

Long-Term Liabilities

Mortgage

The mortgage is recorded as the amount owed with the current rate, which is equivalent to Bank Prime, shown as well.

Accumulated Surplus

The modest increase in the Association's equity was due to the operating surplus in 1987.

CANADIAN DENTAL ASSOCIATION

STATEMENT OF EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>1987</u>	<u>1986</u>
SURPLUS		
BALANCE - BEGINNING OF YEAR	\$652,132	\$973,978
Excess of revenue over expenses (expenses over revenue) for the year	37,624	(304,001)
Transfer from (to) equity in fixed assets	<u>55,210</u>	(<u>17,845</u>)
BALANCE - END OF YEAR	<u>\$744,966</u>	<u>\$652,132</u>
EQUITY IN FIXED ASSETS		
BALANCE - BEGINNING OF YEAR	\$874,342	\$856,497
Transfer from (to) surplus	(<u>55,210</u>)	<u>17,845</u>
BALANCE - END OF YEAR	<u>\$819,132</u>	<u>\$874,342</u>

STATEMENT OF EQUITY (page 3)

Equity, which is assets minus liabilities, is broken down in the statement of equity to show equity in fixed assets and equity in current assets or surplus. Equity in fixed assets is the value of fixed assets minus any long term debt. The surplus is the difference between the total equity and the equity in fixed assets.

CANADIAN DENTAL ASSOCIATION

STATEMENT OF REVENUE AND EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>1987</u>		<u>1986</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
REVENUE			
Executive (Page 9)	\$2,450,364	\$2,548,490	\$2,146,958
Education and Accreditation (Page 9)	213,175	215,970	249,872
Communications (Page 9)	650,300	542,245	591,792
Administration (Page 9)	<u>285,390</u>	<u>349,294</u>	<u>273,327</u>
	3,599,229	3,655,999	3,261,949
EXPENSES			
Executive (Page 10)	801,510	792,224	824,046
Education and Accreditation (Page 11)	422,981	434,793	354,600
Communications (Page 12)	1,445,139	1,428,968	1,520,158
Administration (Page 12)	<u>934,736</u>	<u>962,390</u>	<u>867,146</u>
	<u>3,604,366</u>	<u>3,618,375</u>	<u>3,565,950</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) FOR THE YEAR	(\$ <u>5,137</u>)	\$ <u>37,624</u>	(\$ <u>304,001</u>)

STATEMENT OF REVENUE AND EXPENSES (page 4)

This statement summarizes the financial activity of the Association during the year. More detail is provided further on in the financial statements and consequently, the only item to highlight is the surplus position of CDA in 1987. The surplus of \$37,624, compared to the budgeted deficit of \$5,137, is due to a number of factors which are addressed in more detail later in the report.

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE AND EXPENSES AND EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>1987</u>	<u>1986</u>
REVENUE		
Interest	\$ 2,482	\$ 3,484
Donations	<u>675</u>	<u>4,444</u>
	3,157	7,928
EXPENSES		
Books	1,483	2,514
Computer	5,193	-
Miscellaneous	822	330
Subscriptions	<u>9,418</u>	<u>8,375</u>
	<u>16,916</u>	<u>11,219</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) FOR THE YEAR	(13,759)	(3,291)
Equity - beginning of year	<u>48,242</u>	<u>51,533</u>
EQUITY - END OF YEAR	<u>\$34,483</u>	<u>\$48,242</u>

**STATEMENT OF REVENUE AND EXPENSES AND EQUITY
LIBRARY TRUST FUND (page 5)**

There was a high level of activity in the library during 1987 and operations were enhanced with the purchase of a computer. Financially however performance was poor. Interest income was down due to lower rates and a lower capital balance. Donations were down too, primarily because staff postponed efforts to solicit donations in light of the Langstaff bequest. Action will be taken in 1988 to attract funds.

The equity of the library trust fund continues to decline.

CANADIAN DENTAL ASSOCIATION
THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENSES AND EQUITY
FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>1987</u>	<u>1986</u>
REVENUE		
Interest	\$ 459	\$ 560
EXPENSES		
Awards	<u>64</u>	<u>1,460</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) FOR THE YEAR	395	(900)
Equity - beginning of year	<u>6,847</u>	<u>7,747</u>
EQUITY - END OF YEAR	<u>\$7,242</u>	<u>\$6,847</u>

STATEMENT OF REVENUE AND EXPENSES AND EQUITY
GRIEVE MEMORIAL FUND (page 6)

The 1987 Grieve Memorial Lecture was presented at the Montreal conjoint convention. Expenses for the lecturer were absorbed by the convention funds with the exception of a framed certificate which was paid for out of this fund.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1987

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Revenue and Expenses

Revenue and expenses are recognized on the accrual basis.

(b) Inventory

Inventory is stated at the lower of cost and net realizable value.

(c) Depreciation

Furniture and equipment purchased subsequent to January 1, 1979 is expensed when acquired. Purchases prior to this date have been fully depreciated. Data processing equipment purchased subsequent to January 1, 1987 is expensed when acquired. Purchases prior to this date continue to be depreciated. Fixed assets purchased in the Fund accounts are expensed when acquired.

Depreciation is provided on the straight line basis as follows:

Building	- 40 years
Building improvements	- 5 years
Data processing equipment	- 5 years

2. FIXED ASSETS

	1987			1986
	Cost	Accumulated Depreciation	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	1,543,034	422,765	1,120,269	1,158,845
Building improvements	159,105	107,097	52,008	70,606
Furniture and equipment	75,769	75,768	1	1
Data processing equipment	125,927	106,190	19,737	44,922
Chain of office	12,540	-	12,540	12,540
	<u>\$1,999,290</u>	<u>\$711,820</u>	<u>\$1,287,470</u>	<u>\$1,369,829</u>

3. LONG-TERM DEBT

	1987	1986
Mortgage	\$ 468,337	\$ 495,487
Current portion	<u>27,000</u>	<u>27,150</u>
	<u>\$ 441,337</u>	<u>\$ 468,337</u>

The mortgage on the building with Toronto Dominion Bank bears interest at bank prime rate and is repayable in monthly instalments of \$2,250 plus interest, maturing March, 2005.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1987

4. EQUITY IN FIXED ASSETS

	<u>1987</u>	<u>1986</u>
Balance - beginning of year	\$874,342	\$856,497
Additions to fixed assets	-	64,115
Mortgage reduction	27,150	27,150
Depreciation	(82,360)	(73,420)
	<u>(55,210)</u>	<u>17,845</u>
Balance - end of year	<u>\$819,132</u>	<u>\$874,342</u>

5. DENTAL AWARENESS PROGRAM

In 1987, a new account was introduced in the accounting for the D.A.P. The D.A.P. special projects accounting represents those D.A.P. projects developed specifically for sponsorships. In previous years, all accounting was channelled through a single D.A.P. account. As well in 1987, the D.A.P. accounts are shown as expenses, net of revenue. The D.A.P. expenses in 1986 included the Council of Information Services expenses which are broken down separately in 1987.

6. TRUST ACCOUNT

The Association is holding funds in trust for a Canadian Dental foundation, the incorporation of which is to be finalized in 1988. In October of 1986, a bequest of \$1,360,000 was received for the purposes of the Sydney Wood Bradley Memorial Library. As at December 31, 1987, the funds have earned approximately \$137,392 in interest and disbursements of \$13,726 have been made. Neither the bequest, the interest income nor the disbursements are reflected in these financial statements.

7. COMMITMENT

In the 1985 fiscal year a bequest was received from the Gollop Estate in the amount of \$66,000. Of this amount, \$9,000 was immediately transferred to the Canadian Dental Research Foundation. The balance of \$57,000 has been left in the general funds, however, it is management's intention to transfer this amount to the Canadian Dental foundation, referred to in note 6.

8. COMPARATIVE FIGURES

Comparative figures have been reclassified to conform with current presentation.

NOTES TO THE FINANCIAL STATEMENTS (pages 7 & 8)

The formal "Notes to the Financial Statements" are provided by the auditors to explain the methodology used in preparing the financial statements and to outline any significant accounting policies.

SCHEDULE OF REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>1987</u>		<u>1986</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
EXECUTIVE			
Active fees (Page 13)	\$2,180,146	\$2,115,336	\$1,971,554
Affiliate fees (Page 13)	5,200	151,289	1,880
Supporting fees (Page 13)	10,500	7,970	4,576
Student fees (Page 13)	30,400	38,640	26,353
Corporate fees (Page 13)	99,768	102,915	79,826
Licensing body fees (Page 13)	<u>124,350</u>	<u>132,340</u>	<u>62,769</u>
	<u>\$2,450,364</u>	<u>\$2,548,490</u>	<u>\$2,146,958</u>
EDUCATION AND ACCREDITATION			
Survey revenue	\$ 22,175	\$ 24,350	\$ 24,200
Grants	41,000	52,500	49,625
D.A.T.	<u>150,000</u>	<u>139,120</u>	<u>176,047</u>
	<u>\$ 213,175</u>	<u>\$ 215,970</u>	<u>\$ 249,872</u>
COMMUNICATIONS			
Sales	\$ 164,500	\$ 193,166	\$ 195,171
Advertising	490,800	347,236	375,633
Seminars	-	1,843	-
Annual convention	(<u>5,000</u>)	<u>-</u>	<u>20,988</u>
	<u>\$ 650,300</u>	<u>\$ 542,245</u>	<u>\$ 591,792</u>
ADMINISTRATION			
Property rental	\$ 174,390	\$ 181,432	\$ 137,260
Interest income	105,000	134,821	127,012
F.D.I. receipts	6,000	3,145	5,258
Other income	<u>-</u>	<u>29,896</u>	<u>3,797</u>
	<u>\$ 285,390</u>	<u>\$ 349,294</u>	<u>\$ 273,327</u>

SCHEDULE OF REVENUE (page 9)

General Note

This and the subsequent schedule of expense provides detail not shown in the statement of revenue and expenses on page 4. The totals, however, are the same.

Please note revenue is grouped by department for administrative purposes only.

EXECUTIVE

Active Fees

Active fees were up from 1986 as a result of the increase in membership fees. They were down somewhat from the 1987 budget due to the recording of affiliate fees in the province of Québec.

Affiliate Fees

The large increase in affiliate fee revenue represents payments received from Québec dentists who, according to lists of members supplied by the QDSA, were not members of the provincial association. Monies from these dentists in 1986 was incorporated into active fees as no definitive listing was available.

Supporting Fees

Supporting fees were down somewhat from budget with no reasonable explanation other than the budget was overly optimistic.

Student Fees

Student fees were up from both 1987 budget and 1986 actual figures. The increase is partially due to the increase in student fees from \$14 to \$16 in 1987, but is also due to a matter of timing; fees for 1986 were not forwarded to CDA until early 1987. Membership fees from post-graduate students are also now being recorded as student fees.

Corporate Fees

Revenue from corporate fees was up modestly from budget and higher than previous years' actuals due to the increase in fees from \$8 to \$10.

Licensing Body Fees

Licensing body fees were higher than budget and again reflects the increase in fees from \$5 to \$10.

EDUCATION AND ACCREDITATION

Survey Revenue

The survey revenue was consistent with budget and previous year actual figures.

Grants

Revenue from grants was somewhat higher than budget but close to previous year actuals. The only significant variance from the budget was a \$6,000 grant received from the Canadian Fund for Dental Education for the Self-Learning, Self-Assessment project.

Dental Aptitude Test

An unexpected drop in dental aptitude test applications resulted in lower revenue.

COMMUNICATIONS

Sales

The sales figure in these statements includes revenue from the sale of pamphlets, library services, the seal of recognition, films, the practice management manual, Journal subscriptions and reprints, and National Dental Health Month (N.D.H.M.) materials. Of significant interest, pamphlet sales fell slightly below budget in 1987 while the publications committee considered the future of the program. Sales of N.D.H.M. materials were higher than budget although increased production costs added expense. Revenue from granting the seal of recognition was up significantly from both budget and the previous year actual figure. This positive trend is expected to continue thanks to improved administrative management in this area, as well as an increase in applications for the seal.

Advertising

Advertising revenue fell again from the previous year and was well below budget. It is anticipated that the change in Journal management and the change to full circulation will reverse this negative trend, although it may take time.

Annual Convention

Normally, the convention is expected to generate revenue and hence is located in the revenue section of the statements. The 1987 convention was held in Montreal conjoint with the ODQ. In budgeting for the event, staff believed that there might have been administrative costs related to the meeting, which in the end, did not materialize.

ADMINISTRATION

Property Rental

Income from property rental slightly exceeded budget and is up significantly from the previous year actuals due to an increase in rental charges.

Interest Income

Interest income was higher than budget despite a downturn in interest rates from the previous year due to improved cash management.

FDI Individual Membership Receipts/Payments

This amount represents the difference between monies collected from Canadian dentists who join the Fédération Dentaire Internationale and the amount actually paid to FDI for these individual memberships. The difference, consisting of foreign exchange and an administration surcharge is intended to fund the promotion of the FDI in Canada.

Other Income

Other income was significantly higher in 1987 as a result of efforts made by the staff to secure refunds from the Government for overpayments made in previous years on Canada Pension Plan payments and federal sales tax.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1987

	1987		1986
	Budget	Actual	Actual
EXECUTIVE			
Executive department	\$ -	\$ 10,900	\$ 29,039
Executive office staff	220,111	232,769	211,388
Board of Governors	111,210	120,182	115,327
Executive council	64,830	70,072	63,024
Executive council's expenses	21,365	11,299	10,321
Management committee	135,030	91,711	142,587
Management's expenses	-	30,434	-
President's expenses	65,200	68,651	96,529
President's installation	15,000	14,502	11,120
Council on constitution and bylaws	475	342	1,281
Council on ethics	5,964	1	841
Council on nominations, awards and trusts	1,812	4,863	-
Council on insurance and investments	-	1,010	-
Taxation committee	11,955	6,606	5,562
Government relations committee	2,500	10,445	5,146
Committee on salaried dentists	4,794	10	102
Committee on dental specialties	6,722	12	5,994
Presidents and C.E.O.s	6,940	11,525	11,863
Secretaries conference	-	544	-
Grant	17,500	18,725	15,354
F.D.I. Congress	20,000	25,629	19,467
F.D.I. Corporate membership	20,000	22,535	-
F.D.I. Individual membership	-	335	-
Unbudgeted projects	55,412	4,218	53,347
Ad Hoc Committee on professional resources	6,208	22,798	25,252
Ad Hoc Committee on roles and responsibilities	8,482	5,844	502
Ad Hoc Committee on membership	-	4,371	-
Ad Hoc Committee on publications	-	1,891	-
	<u>\$801,510</u>	<u>\$792,224</u>	<u>\$824,046</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>1987</u>		<u>1986</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
EDUCATION AND ACCREDITATION			
Accreditation department	\$ -	\$ 5,706	\$ -
Accreditation staff	151,226	169,862	128,048
Council on education and accreditation	30,310	52,670	34,669
Committee on documentation	9,880	4,796	6,805
Continuing education committee	10,680	3,615	4,648
Continuing education project	15,000	17,024	-
Competency profile review committee	6,590	609	-
Undergraduate, graduate and postgraduate committee	-	706	-
Dental auxiliaries committee	-	134	-
University surveys	62,220	24,677	61,301
College surveys	-	31,954	-
Council on health care	18,280	5,477	15,255
Health care executive sub-committee	-	3,859	-
Council on hospital and institutional services	15,215	13,384	17,367
Hospital surveys	12,455	17,035	5,524
Joint advisory committee	-	99	1,106
Council on dental materials and devices	9,900	4,993	6,328
Third party dental plans committee	56,605	67,227	41,413
Committee for consumer product recognition	15,620	10,965	7,886
Teaching conference	<u>9,000</u>	<u>1</u>	<u>24,250</u>
	<u>\$ 422,981</u>	<u>\$ 434,793</u>	<u>\$ 354,600</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>1987</u>		<u>1986</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
COMMUNICATIONS			
Communications department	-	20,499	-
Communications staff	383,699	351,379	338,258
Council on information services	14,850	14,308	19,602
Dental awareness program	172,500	111,134	262,621
D.A.P. special projects	-	24,543	-
Dental health month program	75,000	118,913	85,404
Patient information services	3,000	10,810	6,574
Pamphlets	67,200	58,088	67,816
Communique	28,000	36,520	35,859
Council on student affairs	15,250	11,783	17,730
Student affairs activities	22,500	19,854	22,596
Student conference	9,000	11,880	14,058
Dental admissions test committee	19,490	19,101	29,417
Dental admissions test program	96,260	90,489	114,239
Chalk graders committee	-	10,901	-
Library	18,500	26,200	19,126
Publications committee	7,574	7,011	6,233
Journal production	439,646	421,017	396,865
Journal sales	72,670	60,751	83,760
Convention committee	-	3,787	-
	<u>\$1,445,139</u>	<u>\$1,428,968</u>	<u>\$1,520,158</u>
ADMINISTRATION			
Administration department	\$ -	\$ 12,154	\$ -
Administration staff	241,876	273,109	211,539
Operations	352,400	322,962	324,869
Property	287,450	317,664	283,504
Membership committee	11,010	4,017	4,595
Membership promotion	42,000	32,484	42,639
	<u>\$ 934,736</u>	<u>\$ 962,390</u>	<u>\$ 867,146</u>

SCHEDULE OF EXPENSES (pages 10, 11 & 12)

General Note

As the organization continues to move to a full functional accounting system certain distortions will appear in the financial statements. In no way is the accuracy of the statements affected, but there will be problems in the ability to compare current year actual figures to either budget data or previous year actual figures.

EXECUTIVE

Executive Department

Executive department expenses were miscellaneous expenses in areas not specific to a given project area.

Executive Office Staff

The 1987 actual figure was up marginally over budget and previous actual figures due to the addition of staff and the increasing costs of providing benefits. It should also be noted that this figure includes staff travel for the Executive Director and personnel in his department, not allocated to a specific project area.

Board of Governors

Board of Governors expense for travel, accommodation and facility rentals were actually down in 1987. However, new accounting policies to track variable expenses by project area pushed the total cost over budget and previous year actual figures.

Executive Council

Much the same explanation applies to Executive Council expenses. However, the travel and accommodation figures were more in line with previous years' actuals.

Executive Council Expenses

This line item represents those expenses incurred by members of the Executive Council in performing duties outside of actual Executive Council meetings. It also reflects a shifting of duties to members of the Executive Council, away from the President and the Management Committee, to make more efficient use of time and money.

Management Committee

Management Committee expenses were considerably lower as a result of the shifting of duties to other members of the Executive Council. It should be noted however, that certain expenses incurred by Management are recorded in the item "Management Committee Expenses" below.

Management Committee Expenses

As was done for Executive Council, this expense item represents those costs incurred by members of Management Committee outside actual Management Committee meetings. In prior years, these expenses would have been totalled together with the line item above.

President's Expenses

President's expenses are in line with budget numbers, and considerably lower than previous years' actual costs. This has occurred despite the fact that functional accounting has allocated certain expenses to this line item that were heretofore left in general accounts. Again, a shifting of duties to other members of Executive Council helped to reduce costs.

President's Installation

These costs were in line with budget.

Council on Constitution and By-Laws

No actual meetings occurred, other than conference calls.

Council on Ethics

No activity in this area.

Council on Nominations, Awards and Trust

Costs here are largely related to actual awards and the cost of printing certificates.

Council on Insurance and Investments

The expenses in this line item represent variable costs heretofore allocated to general accounts.

Taxation Committee

Approximately two-thirds of the expense in this line item is related to variable expenses charged to the Taxation Committee.

Government Relations Committee

Slightly increased committee activity created additional cost in the areas of travel and accommodation.

Committee on Salaried Dentists

Minimal activity.

Committee on Dental Specialties

Minimal activity.

Presidents and C.E.O.s

Costs are similar to 1986 actual figures although almost double that expected from the budget. Budget figures did not include management's travel expenses and per diems which were charged to this item.

Secretaries Conference

Costs here are related to accommodation expense which was normally included under staff travel.

Grants

Expenses are in line with budget figures and include a \$10,000 grant to CFDE.

FDI Congress Expense

Congress expense was some 25% higher than budget, and previous year actual costs, due primarily to the location of the meeting and the foreign currency exchange rate.

FDI Corporate Membership

FDI Corporate membership was somewhat higher than budget as a result of the exchange rate and the revised payment formula introduced by FDI. It should be noted that in 1986, the membership fee for FDI had actually been paid in 1985 and inadvertently not set up as a pre-paid expense.

FDI Individual Membership

Costs are related to FDI promotional mailings.

Unbudgeted Projects.

Costs in this area were kept to a minimum. However, some of the reduced actual expense is a result of the reallocation of expenses to the appropriate project areas.

Ad Hoc Committee on Professional Resources

Costs for this program were expected to be much lower in 1987, however, CDA was required to fund a meeting of all deans which substantially increased travel and accommodation expense. It should also be noted that some \$4,000 was consultants expense.

Ad Hoc Committee on Roles and Responsibilities

These costs are related principally to the one meeting of the Ad Hoc Committee which was held in 1987.

Ad Hoc Committee on Membership

Again, these costs are related to the one meeting of the Ad Hoc Committee held in 1987.

Ad Hoc Committee on Publications

And again, these costs are related to the one meeting of the Ad Hoc Committee held in 1987.

EDUCATION AND ACCREDITATION

Education and Accreditation Department

Accreditation department expenses were miscellaneous expenses in areas not specific to a given project area.

Accreditation Staff

Accreditation staff expense is higher than budget as a result of additional staff and increases in the cost of providing benefits. It should also be noted that this item includes staff travel not allocated to specific project areas.

Council on Education and Accreditation

There was one four day meeting of this large council during the year. As well, unbudgeted expenses related to the Task Force on Accreditation which met during the year were charged to this account. And some additional expense was due to administrative expense and staff travel which in the past was charged to general accounts.

Committee on Documentation

There were two meetings of this sub-committee held during 1987, but costs were kept below budget by scheduling meetings with other events.

Continuing Education Committee

One meeting of this committee was held instead of two.

Continuing Education Project

This is the self-learning, self-assessment project. Costs somewhat exceeded budget.

Competency Profile Review Committee

This committee did not meet during 1987 but some staff travel expense was incurred.

Undergraduate, Graduate and Post-Graduate Committee

Costs here were principally related to the administration of the committee.

Dental Auxiliaries Committee

Again, costs here were principally related to administration of the committee.

University Surveys

Expenses related to university surveys were reduced somewhat from the previous year. However, it should be noted that in 1987 expenses were split more accurately between university surveys and college surveys.

College Surveys

See note above.

Council on Health Care

A Board decision to restructure this council resulted in reduced expenses.

Health Care Executive Sub-Committee

See above.

Council on Hospital and Institutional Services

One meeting of this council was held during 1987 rather than the two which were planned. Additional expense however was incurred through increased Chairman travel for consultative meetings.

Hospital Surveys

Hospital survey expenses were somewhat higher than budget, and were higher than previous year actual numbers, due to additional, unbudgeted, surveys conducted during the year.

Joint Advisory Committee

Minimal administrative costs.

Council on Dental Materials and Devices

One meeting instead of the budgeted two meetings.

Third Party Dental Plans Committee

The committee continued to be active during 1987; the committee held 5 meetings during the year as opposed to the 3 meetings included in the budget. Cost saving measures however, enabled the committee to keep travel costs actually close to budget. Expenses are inflated somewhat as administrative expenses heretofore charged to a general account were charged to this item. It should be noted that the Executive Council approved an additional allocation of \$20,000 to fund the Dialogue in Dentistry bringing the total budget up to \$56,605 from \$36,605 as shown in the original version of the 1987 budget.

Committee for Consumer Product Recognition

Three meetings were held as opposed to the two budgeted for. However, use of cost saving measures kept travel costs below budget. Additional costs relate to legal and administrative expenses.

Teaching Conference

The teaching conference for 1987 was postponed until early 1988.

COMMUNICATIONS

Communications Department

Communications department expenses were miscellaneous expenses in areas not specific to a given project area.

Communications Staff

Communications staff costs were down in 1987 largely due to the fact that the services of our convention coordinator were not required. Again, it should be noted that staff travel costs not allocated to specific project areas are included in this item.

Council on Information Services

Council expenses were close to budget.

Dental Awareness Program

The dental awareness program in 1987 was actually below budget. During the year much of the consultants' activity was focussed on national dental health month activities and in the creation of what we refer to as special projects, see note below. Caution should be used when comparing 1987 actual numbers to 1986 actual numbers as the numbers are in fact not comparable. In 1986, all expenses related to the D.A.P. program including those costs related to developing these "special projects" were included in the one project area. The special projects account was set up to provide a more accurate explanation.

D.A.P. Special Projects

Special projects are those programs sponsored by third parties such as private sector corporations. The 1987 expense of \$24,543 represents monies expensed which are expected to be picked up by corporate sponsors during 1988. It understates the activity in the area, which during the year exceeded \$250,000.

Dental Health Month Program

As indicated above, additional activity in this area resulted in higher costs and higher sales.

Patient Information Services

This line item incorporates media monitoring and film distribution. The expense is higher than previous years due to the fact that staff took over some of the activity in this area from the consulting firm who handled it in the past.

Pamphlet Expense

Pamphlet expense was down somewhat from the previous year actual figure and from budget as a result of a decision to curtail some of the pamphlets in the program.

Communiqué

Communiqué expenses exceeded budget but were comparable to 1986 actual figures. The cost of the President's Letters was incorporated into this account.

Council on Student Affairs

The council made a conscientious effort to obtain reduced/discount airfares, shared hotel accommodations and took other cost saving measures to reduce expense.

Student Conference

Student conference expenses slightly exceeded budget, but were lower than the previous year.

D.A.T. Committee

Committee costs were in line with budget.

D.A.T. Program

Program costs were in line with budget.

Chalk Graders Committee

This item was normally included in the program costs above.

Library

Library expenses were actually close to budget and 1986 actual costs. However, in 1987 postage costs related to the library were charged to the library rather than to the general postage account.

Publications Committee

Costs were close to budget.

Journal Production

As a result of decreased Journal revenue, a decision was made during the year to cut back the size of the Journal thus reducing production costs somewhat. Some redesign costs were incurred in 1987, normal production costs continue to escalate. This expense is being reviewed by the Publications Committee and suggestions will be made on ways to reduce costs.

Journal Sales

Sales costs were down as a result of reduced commissions.

Convention Committee Expense

The expense in this area relates to the appointment of a full-time convention committee chairman and the related costs in changing the focus of this project area.

ADMINISTRATION

Administration Department

Administration department expenses were miscellaneous expenses in areas not specific to a given project area.

Administration Staff

Administration staff costs were higher than budget as a result of the additional staff. It should be noted that staff travel not allocated to specific project areas are included in this item.

Operations

Operations expense which includes office equipment, insurance, printing, stationery, and such overhead expenses was down somewhat from budget as a result of expenses being allocated to the various project areas as opposed to the general account.

Property Costs

Property costs were up in 1987 largely as a result of renovations required to the rental portion of the CDA building. During the year, CDA also acquired a computerized heating, ventilation and air conditioning unit to help maintain more constant atmospheric conditions within the building and thereby reduce utility costs.

Membership Committee

The membership committee held one meeting instead of two during the year.

Membership Promotion Expenses

These expenses were reduced by processing mailings in-house.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF MEMBERSHIP REVENUE BY PROVINCE

FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>Active</u>	<u>Affiliate</u>	<u>Support- ing</u>	<u>Student</u>	<u>Corporate</u>	<u>Licensing Body</u>
Newfoundland	\$ 34,125	\$ -	\$ -	\$ -	\$ 1,382	\$ 1,410
P.E.I.	11,440	-	-	16	470	470
Nova Scotia	93,340	260	350	2,391	3,643	3,630
New Brunswick	52,000	-	1,600	-	2,470	2,470
Québec	229,995	139,335	650	11,139	12,640	29,470
Ontario	709,811	1,040	404	14,236	42,345	54,925
Manitoba	121,495	-	-	1,952	4,855	4,855
Saskatchewan	86,295	-	-	2,938	3,625	3,625
Alberta	318,680	520	520	3,146	12,705	12,705
British Columbia	458,155	1,040	1,064	2,416	18,780	18,780
Other	<u>-</u>	<u>9,094</u>	<u>3,382</u>	<u>406</u>	<u>-</u>	<u>-</u>
	<u>\$2,115,336</u>	<u>\$151,289</u>	<u>\$7,970</u>	<u>\$38,640</u>	<u>\$102,915</u>	<u>\$132,340</u>

SCHEDULE OF MEMBERSHIP BY PROVINCE (page 13)

This is a new section to the statements provided for information. It represents a record of membership fees received by CDA during the year.

Figures are not always divisible by the current years' fee because of payments received in the current year which were due in the previous year or because of partial payments.

Mc CAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

Page 14

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.ADMIN., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367

AUDITORS' REPORT

To the Members,
The Canadian Dental Research
Foundation.

We have examined the balance sheet of The Canadian Dental Research Foundation as at December 31, 1987 and the statement of revenue and expense for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Foundation as at December 31, 1987 and the results of its operations for the year then ended in accordance with the accounting policy as described in note 1, applied on a basis consistent with that of the preceding year.

Mc Cay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
January 22, 1988.

CANADIAN DENTAL RESEARCH FOUNDATION (separate statements)

The activity in the CDRF was similar to previous years. The award given in 1987 increased the current years' expense and interest income was slightly lower as a result of declining interest rates. The award is biennial.

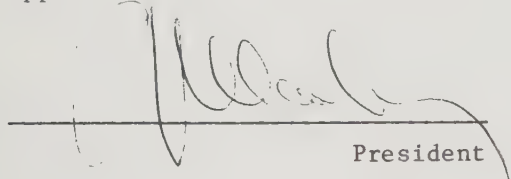
THE CANADIAN DENTAL RESEARCH FOUNDATION

BALANCE SHEET

AS AT DECEMBER 31, 1987

	ASSETS	<u>1987</u>	<u>1986</u>
CURRENT			
Cash		\$40,669	\$32,192
Accrued interest receivable		<u>233</u>	<u>119</u>
		40,902	32,311
INVESTMENT (note 2)		<u>5,000</u>	<u>12,000</u>
		<u>\$45,902</u>	<u>\$44,311</u>
MEMBERS' EQUITY			
SURPLUS - BEGINNING OF YEAR		\$44,311	\$40,105
Excess of revenue over expense for the year		<u>1,591</u>	<u>4,206</u>
SURPLUS - END OF YEAR		<u>\$45,902</u>	<u>\$44,311</u>

Approved on behalf of the Board:



President



Executive Director

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEAR ENDED DECEMBER 31, 1987

	<u>1987</u>	<u>1986</u>
REVENUE		
Interest	\$3,791	\$4,206
EXPENSE		
Award	<u>2,200</u>	<u>-</u>
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	<u>\$1,591</u>	<u>\$4,206</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1987

1. ACCOUNTING POLICY

Revenue and expenses are recognized on the accrual basis.

2. INVESTMENT

The investment is stated at cost, which approximates market value.

	<u>Cost</u>
\$5,000 Hydro-Electric Power Commission of Ontario 9% bond, due April 1, 1994	<u>\$5,000</u>

ASSOCIATION DENTAIRE CANADIENNE

ETATS FINANCIERS

31 DECEMBRE 1987

ASSOCIATION DENTAIRE CANADIENNE

INDEX AUX ETATS FINANCIERS

31 DECEMBRE 1987

Page

1	Rapport des vérificateurs
2	Bilan
3	Etat de l'avoir
4	Etat des résultats
5	Fonds en fiducie pour la bibliothèque Etat de l'avoir et des résultats
6	Fonds "Grieve Memorial Lectureship" Etat des résultats et de l'avoir
7 & 8	Notes complémentaires
9	Tableau des revenus Exécutif (cotisations) Education et accréditation Communications Administration
10	Tableau des dépenses Exécutif
11	Tableau des dépenses Education et accréditation
12	Tableau des dépenses Communications Administration
13	Tableau des revenus des membres par province La Fondation Canadienne de Recherches Dentaires
14	Rapport des vérificateurs
15	Bilan
16	Etat des résultats
17	Notes complémentaires

Mc CAY, DUFF & COMPANY

Page 1

CHARTERED ACCOUNTANTS

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(613) 236-2367

RAPPORT DES VERIFICATEURS

Aux membres de
l'Association Dentaire
Canadienne

Nous avons vérifié le bilan de l'Association Dentaire Canadienne au 31 décembre 1987 ainsi que les états de l'avoir et des résultats, de l'avoir et des résultats du fonds en fiducie pour la bibliothèque et du fonds "Grieve Memorial Lectureship" et de l'évolution de la situation financière de l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de l'Association au 31 décembre 1987 ainsi que les résultats de son exploitation et l'évolution de sa situation financière pour l'exercice terminé à cette date selon les principales conventions comptables décrit à la note 1, appliqués de la même manière qu'au cours de l'exercice précédent.

Mc Cay, Duff & Co.

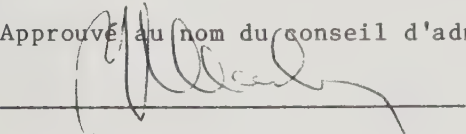
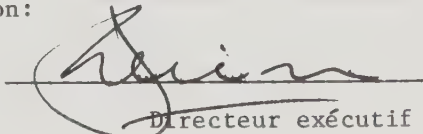
Comptables agréés

Ottawa, Ontario,
25 janvier 1988.

ASSOCIATION DENTAIRE CANADIENNE

BILAN

AU 31 DECEMBRE 1987

	ACTIF	1987	1986
ACTIF A COURT TERME			
Encaisse		\$ 499,036	\$ 417,179
Encaisse - Fonds pour éventualités (bâtiment)		6,852	2,674
Investissements		1,190,568	495,390
Comptes débiteurs		167,019	53,095
Stocks (note 1)		57,022	41,210
Frais payés d'avance		65,807	23,152
		<u>1,986,304</u>	<u>1,032,700</u>
ACTIF IMMOBILISE (notes 1 et 2)		<u>1,287,470</u>	<u>1,369,829</u>
		<u>3,273,774</u>	<u>2,402,529</u>
ACTIF DU FONDS EN FIDUCIE			
Encaisse		33,673	46,910
Comptes débiteurs		41	302
Frais payés d'avance		8,010	7,876
Livres de bibliothèque et mobilier (à la valeur nominale)		1	1
		<u>41,725</u>	<u>55,089</u>
		<u>\$3,315,499</u>	<u>\$2,457,618</u>
PASSIF			
PASSIF A COURT TERME			
Comptes créditeurs		\$ 264,361	\$ 95,656
Revenu reporté		976,978	284,912
Partie courante de la dette à long terme		27,000	27,150
		<u>1,268,339</u>	<u>407,718</u>
DETTE A LONG TERME (note 3)		<u>441,337</u>	<u>468,337</u>
		<u>1,709,676</u>	<u>876,055</u>
AVOIR			
SURPLUS		744,966	652,132
AVOIR EN ACTIF IMMOBILISE (note 4)		<u>819,132</u>	<u>874,342</u>
		<u>1,564,098</u>	<u>1,526,474</u>
		<u>3,273,774</u>	<u>2,402,529</u>
AVOIR DU FONDS EN FIDUCIE			
Fonds en fiducie pour la bibliothèque		34,483	48,242
Fonds en fiducie "Grieve Memorial Lectureship"		7,242	6,847
		<u>41,725</u>	<u>55,089</u>
		<u>\$3,315,499</u>	<u>\$2,457,618</u>
Approuvé au nom du conseil d'administration:			
			
Président		Directeur exécutif	

ASSOCIATION DENTAIRE CANADIENNE

ETAT DE L'AVOIR

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	<u>1987</u>	<u>1986</u>
SURPLUS		
SOLDE AU DEBUT DE L'EXERCICE	\$652,132	\$973,978
Excédent des revenus sur les dépenses (dépenses sur les revenus) pour l'exercice	37,624	(304,001)
Virement de (à) l'avoir en actif immobilisé	<u>55,210</u>	(<u>17,845</u>)
SOLDE A LA FIN DE L'EXERCICE	<u>\$744,966</u>	<u>\$652,132</u>
AVOIR EN ACTIF IMMOBILISE		
SOLDE AU DEBUT DE L'EXERCICE	\$874,342	\$856,497
Virement du (au) surplus	(<u>55,210</u>)	<u>17,845</u>
SOLDE A LA FIN DE L'EXERCICE	<u>\$819,132</u>	<u>\$874,342</u>

ASSOCIATION DENTAIRE CANADIENNE

ETAT DES RESULTATS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	<u>1987</u>		<u>1986</u>
	<u>Budget</u>	<u>Réel</u>	<u>Réel</u>
REVENUS			
Exécutif (cotisations) (Page 9)	\$2,450,364	\$2,548,490	\$2,146,958
Education et accréditation (Page 9)	213,175	215,970	249,872
Communications (Page 9)	650,300	542,245	591,792
Administration (Page 9)	<u>285,390</u>	<u>349,294</u>	<u>273,327</u>
	3,599,229	3,655,999	3,261,949
DEPENSES			
Exécutif (Page 10)	801,510	792,224	824,046
Education et accréditation (Page 11)	422,981	434,793	354,600
Communications (Page 12)	1,445,139	1,428,968	1,520,158
Administration (Page 12)	<u>934,736</u>	<u>962,390</u>	<u>867,146</u>
	<u>3,604,366</u>	<u>3,618,375</u>	<u>3,565,950</u>
EXCEDENT DES REVENUS SUR LES DEPENSES (DEPENSES SUR LES REVENUS) POUR L'EXERCICE	(\$ <u>5,137</u>)	\$ <u>37,624</u>	(\$ <u>304,001</u>)

ASSOCIATION DENTAIRE CANADIENNE
FONDS EN FIDUCIE POUR LA BIBLIOTHEQUE
ETAT DE L'AVOIR ET DES RESULTATS
POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	<u>1987</u>	<u>1986</u>
REVENUS		
Intérêts	\$ 2,482	\$ 3,484
Dons	<u>675</u>	<u>4,444</u>
	3,157	7,928
DEPENSES		
Livres	1,483	2,514
Ordinateur	5,193	-
Divers	822	330
Abonnements	<u>9,418</u>	<u>8,375</u>
	<u>16,916</u>	<u>11,219</u>
EXCEDENT DES REVENUS SUR LES DEPENSES (DEPENSES SUR LES REVENUS) POUR L'EXERCICE	(13,759)	(3,291)
Avoir au début de l'exercice	<u>48,242</u>	<u>51,533</u>
AVOIR A LA FIN DE L'EXERCICE	<u>\$34,483</u>	<u>\$48,242</u>

ASSOCIATION DENTAIRE CANADIENNE
FONDS "GRIEVE MEMORIAL LECTURESHIP"
ETAT DES RESULTATS ET DE L'AVOIR
POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	<u>1987</u>	<u>1986</u>
REVENU		
Intérêts	\$ 459	\$ 560
DEPENSE		
Prix	<u>64</u>	<u>1,460</u>
EXCEDENT DU REVENU SUR LA DEPENSE (DEPENSE SUR LE REVENU) POUR L'EXERCICE	395	(900)
Avoir au début de l'exercice	<u>6,847</u>	<u>7,747</u>
AVOIR A LA FIN DE L'EXERCICE	<u><u>\$7,242</u></u>	<u><u>\$6,847</u></u>

NOTES COMPLEMENTAIRES

31 DECEMBRE 1987

1. PRINCIPALES CONVENTIONS COMPTABLES

(a) Revenus et dépenses

Les revenus de dépenses sont comptabilisés sur une base d'exercice.

(b) Stocks

Les stocks sont évalués au moindre du coût et de la valeur de réalisation nette.

(c) Amortissement

L'achat de mobilier et d'équipement après le premier janvier 1979 est imputé aux résultats de l'exercice. Les acquisitions avant cette date ont été complètement amorties. L'équipement pour traitement de l'information acquis après le premier janvier 1987 est imputé aux résultats de l'exercice. Les acquisitions antérieures à cette date continuent à être amorties. L'actif immobilisé acquis dans les comptes du Fonds, est imputé aux résultats de l'exercice.

L'actif immobilisé est amorti selon la méthode linéaire comme suit:

Immeubles	- 40 ans
Améliorations des immeubles	- 5 ans
Equipement pour traitement de l'information	- 5 ans

2. ACTIF IMMOBILISE

	1987			1986
	Coût	Amortissement accumulé	Net	Net
Terrain	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Immeubles	1,543,034	422,765	1,120,269	1,158,845
Améliorations des immeubles	159,105	107,097	52,008	70,606
Mobilier et équipement	75,769	75,768	1	1
Equipement pour traitement de l'information	125,927	106,190	19,737	44,922
Chaise de bureau	12,540	-	12,540	12,540
	<u>\$1,999,290</u>	<u>\$711,820</u>	<u>\$1,287,470</u>	<u>\$1,369,829</u>

3. DETTE A LONG TERME

	1987	1986
Hypothèque	\$ 468,337	\$ 495,487
Partie courante	27,000	27,150
	<u>\$ 441,337</u>	<u>\$ 468,337</u>

L'hypothèque sur l'immeuble avec la Banque Toronto-Dominion porte un taux d'intérêt équivalent au taux préférentiel de la banque, et est remboursable au moyens de paiements mensuels de \$2,250 en capital plus les intérêts et arrive à échéance en mars 2005.

NOTES COMPLEMENTAIRES

31 DECEMBRE 1987

4. AVOIR EN ACTIF IMMOBILISE

	1987	1986
Solde au début de l'exercice	\$874,342	\$856,497
Acquisition d'actif immobilisé	-	64,115
Diminution de l'hypothèque	27,150	27,150
Amortissement	(82,360)	(73,420)
	(55,210)	17,845
Solde à la fin de l'exercice	<u>\$819,132</u>	<u>\$874,342</u>

5. PROGRAMME DENTAIRE DE SENSIBILISATION

En 1987, un nouveau compte a été mis sur pied dans la comptabilité pour le Programme dentaire de sensibilisation (P.D.D.S.). La comptabilité pour les projets spéciaux représente les projets spécialement développés pour patronage. Lors des années précédentes, toute la reddition des comptes était dérivée vers un seul compte du P.D.D.S. Egalement en 1987, les comptes du P.D.D.S. figurent comme dépenses, net du revenu. Les dépenses du P.D.D.S. pour 1986 comprenaient les dépenses du Conseil des services d'information lesquelles sont présentées séparément en 1987.

6. FONDS EN FIDUCIE

L'Association détient des fonds en fiducie pour la Fondation dentaire canadienne dont la constitution en société sera complétée en 1988. En Octobre 1986 un legs de \$1,360,000 a été reçu à l'intention du "Sydney Wood Bradley Memorial Library". Au 31 décembre 1987, les fonds ont accumulés environ \$137,392 en intérêts créditeurs et des déboursés de \$13,726 ont été faits. Le legs, l'intérêt créditeur et les déboursements ne sont pas inclus dans ces états financiers.

7. ENGAGEMENT

Un legs a été reçu de la succession de Gollop un montant de \$66,000 durant l'année financière 1985. De ce montant, un legs de \$9,000 a été immédiatement transféré à la Fondation canadienne de recherches dentaires. Le solde de \$57,000 a été laissé dans les fonds généraux, mais l'intention de la gestion est de transférer ce montant à la Fondation dentaire canadienne dont il est question à la note 6.

8. CHIFFRES COMPARATIFS

Certains chiffres de l'exercice précédent ont été regroupés pour fins de présentation comparative.

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES REVENUS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	1987		1986
	Budget	Réel	Réel
EXECUTIF (cotisations)			
Membres actifs (Page 13)	\$2,180,146	\$2,115,336	\$1,971,554
Membres affiliés (Page 13)	5,200	151,289	1,880
Membres de soutien (Page 13)	10,500	7,970	4,576
Etudiants (Page 13)	30,400	38,640	26,353
Membres corporatifs (Page 13)	99,768	102,915	79,826
Organismes des licences (Page 13)	<u>124,350</u>	<u>132,340</u>	<u>62,769</u>
	<u>\$2,450,364</u>	<u>\$2,548,490</u>	<u>\$2,146,958</u>
EDUCATION ET ACCREDITATION			
Revenus - sondage	\$ 22,175	\$ 24,350	\$ 24,200
Subventions	41,000	52,500	49,625
Programme de test d'aptitudes dentaires	<u>150,000</u>	<u>139,120</u>	<u>176,047</u>
	<u>\$ 213,175</u>	<u>\$ 215,970</u>	<u>\$ 249,872</u>
COMMUNICATIONS			
Ventes	\$ 164,500	\$ 193,166	\$ 195,171
Publicité	490,800	347,236	375,633
Séminaires	-	1,843	-
Convention annuelle	(<u>5,000</u>)	<u>-</u>	<u>20,988</u>
	<u>\$ 650,300</u>	<u>\$ 542,245</u>	<u>\$ 591,792</u>
ADMINISTRATION			
Loyer	\$ 174,390	\$ 181,432	\$ 137,260
Intérêts créditeurs	105,000	134,821	127,012
F.D.I. recettes	6,000	3,145	5,258
Autres revenus	<u>-</u>	<u>29,896</u>	<u>3,797</u>
	<u>\$ 285,390</u>	<u>\$ 349,294</u>	<u>\$ 273,327</u>

TABLEAU DES DEPENSES

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	1987		1986
	Budget	Réel	Réel
EXECUTIF			
Section de l'exécutif	\$ -	\$ 10,900	\$ 29,039
Personnel de bureau	220,111	232,769	211,388
Conseil des gouverneurs	111,210	120,182	115,327
Conseil exécutif	64,830	70,072	63,024
Dépenses du Conseil exécutif	21,365	11,299	10,321
Comité de gestion	135,030	91,711	142,587
Dépenses de la gestion	-	30,434	-
Dépenses du président	65,200	68,651	96,529
Installation du président	15,000	14,502	11,120
Conseil des statuts et règlements	475	342	1,281
Conseil de l'éthique	5,964	1	841
Conseil des nominations, prix et fiducies	1,812	4,863	-
Conseil de l'assurance et des investissements	-	1,010	-
Comité d'impôt	11,955	6,606	5,562
Comité des relations gouvernementales	2,500	10,445	5,146
Comité des dentistes salariés	4,794	10	102
Comite des spécialités dentaires	6,722	12	5,994
Présidents et officiers en chef	6,940	11,525	11,863
Conférence des secrétaires	-	544	-
Subvention	17,500	18,725	15,354
Congrès F.D.I.	20,000	25,629	19,467
Membres corporatifs F.D.I.	20,000	22,535	-
Membres individuels F.D.I.	-	335	-
Projets non budgété	55,412	4,218	53,347
Comité Ad Hoc des services professionnels	6,208	22,798	25,252
Comité Ad Hoc des rôles et responsabilités	8,482	5,844	502
Comité Ad Hoc des membres	-	4,371	-
Comité Ad Hoc des publications	-	1,891	-
	<u>\$801,510</u>	<u>\$792,224</u>	<u>\$824,046</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES DEPENSES

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	<u>1987</u>		<u>1986</u>
	<u>Budget</u>	<u>Réel</u>	<u>Réel</u>
EDUCATION ET ACCREDITATION			
Section de l'accréditation	\$ -	\$ 5,706	\$ -
Personnel de l'accréditation	151,226	169,862	128,048
Conseil d'éducation et d'accréditation	30,310	52,670	34,669
Comité de la documentation	9,880	4,796	6,805
Comité de l'éducation permanente	10,680	3,615	4,648
Projet de l'éducation permanente	15,000	17,024	-
Comité de revue de profil de compétence	6,590	609	-
Comité des étudiants, des diplômés et des étudiants de troisième cycle	-	706	-
Comité des auxiliaires dentaires	-	134	-
Sondages universitaires	62,220	24,677	61,301
Sondages collégiaux	-	31,954	-
Conseil des soins de santé	18,280	5,477	15,255
Sous-comité exécutif des soins de santé	-	3,859	-
Conseil des services hospitaliers et institutionnels	15,215	13,384	17,367
Sondages hospitaliers	12,455	17,035	5,524
Comité consultatif mixte	-	99	1,106
Conseil des matériaux et appareils dentaires	9,900	4,993	6,328
Comité de compensation des plans dentaires	56,605	67,227	41,413
Comité pour la reconnaissance des produits au consommateur	15,620	10,965	7,886
Conférence sur l'enseignement	9,000	1	24,250
	<u>\$ 422,981</u>	<u>\$ 434,793</u>	<u>\$ 354,600</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES DEPENSES

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	<u>1987</u>		<u>1986</u>
	<u>Budget</u>	<u>Réel</u>	<u>Réel</u>
COMMUNICATIONS			
Section des communications	-	20,499	-
Personnel des communications	383,699	351,379	338,258
Conseil des services d'information	14,850	14,308	19,602
Programme dentaire de sensibilisation (P.D.D.S.)	172,500	111,134	262,621
Projets spéciaux du P.D.D.S.	-	24,543	-
Programme mensuel de soins dentaires	75,000	118,913	85,404
Services de renseignements aux patients	3,000	10,810	6,574
Pamphlets	67,200	58,088	67,816
Communiqué	28,000	36,520	35,859
Conseil des activités étudiantes	15,250	11,783	17,730
Activités étudiantes	22,500	19,854	22,596
Conférence des étudiants	9,000	11,880	14,058
Comité des examens dentaires d'admission	19,490	19,101	29,417
Programme des examens dentaires d'admission	96,260	90,489	114,239
Comité des classificateurs de calcaire (tartre)	-	10,901	-
Bibliothèque	18,500	26,200	19,126
Comité des publications	7,574	7,011	6,233
Production du journal	439,646	421,017	396,865
Ventes du journal	72,670	60,751	83,760
Comité du congrès	-	3,787	-
	<u>\$1,445,139</u>	<u>\$1,428,968</u>	<u>\$1,520,158</u>
ADMINISTRATION			
Section de l'administration	\$ -	\$ 12,154	\$ -
Personnel de l'administration	241,876	273,109	211,539
Opérations	352,400	322,962	324,869
Propriété	287,450	317,664	283,504
Comité des membres	11,010	4,017	4,595
Promotion des membres	42,000	32,484	42,639
	<u>\$ 934,736</u>	<u>\$ 962,390</u>	<u>\$ 867,146</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DE REVENUS DES MEMBRES PAR PROVINCE

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	<u>Actif</u>	<u>Affilié</u>	<u>Soutien</u>	<u>Etudiant</u>	<u>Corpor- atifs</u>	<u>Organisme de Licences</u>
Terre-Neuve	\$ 34,125	\$ -	\$ -	\$ -	\$ 1,382	\$ 1,410
Ile du Prince- Edouard	11,440	-	-	16	470	470
Nouvelle écosse	93,340	260	350	2,391	3,643	3,630
Nouveau Brunswick	52,000	-	1,600	-	2,470	2,470
Québec	229,995	139,335	650	11,139	12,640	29,470
Ontario	709,811	1,040	404	14,236	42,345	54,925
Manitoba	121,495	-	-	1,952	4,855	4,855
Saskatchewan	86,295	-	-	2,938	3,625	3,625
Alberta	318,680	520	520	3,146	12,705	12,705
Colombie-Britannique	458,155	1,040	1,064	2,416	18,780	18,780
Autres	<u>-</u>	<u>9,094</u>	<u>3,382</u>	<u>406</u>	<u>-</u>	<u>-</u>
	<u>\$2,115,336</u>	<u>\$151,289</u>	<u>\$7,970</u>	<u>\$38,640</u>	<u>\$102,915</u>	<u>\$132,340</u>

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

Page 14

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.ADMIN., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367

RAPPORT DES VERIFICATEURS

Aux membres de
La Fondation Canadienne de
Recherches Dentaires,

Nous avons vérifié le bilan de la Fondation Canadienne de Recherches Dentaires au 31 décembre 1987 ainsi que l'état des résultats pour l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de la Fondation au 31 décembre 1987 ainsi que les résultats de son exploitation pour l'exercice terminé à cette date selon conventions comptables décrit à la note 1, appliqués de la même manière qu'au cours de l'exercice précédent.

McCay, Duff & Co.

Comptables agréés

Ottawa, Ontario,
22 janvier 1988.

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

BILAN

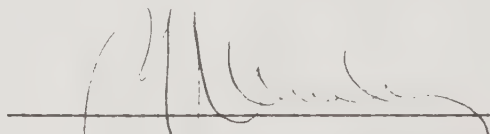
AU 31 DECEMBRE 1987

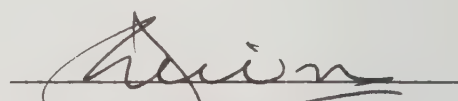
ACTIF	<u>1987</u>	<u>1986</u>
ACTIF A COURT TERME		
Encaisse	\$40,669	\$32,192
Intérêts courus à recevoir	<u>233</u>	<u>119</u>
	40,902	32,311
INVESTISSEMENT (note 2)	<u>5,000</u>	<u>12,000</u>
	<u>\$45,902</u>	<u>\$44,311</u>

AVOIR DES MEMBRES

SURPLUS AU DEBUT DE L'EXERCICE	\$44,311	\$40,105
Excédent du revenu sur la dépense pour l'exercice	<u>1,591</u>	<u>4,206</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$45,902</u>	<u>\$44,311</u>

Approuvé au nom du conseil d'administration:


 Président


 Directeur exécutif

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

ETAT DES RESULTATS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1987

	<u>1987</u>	<u>1986</u>
REVENU		
Intérêts	\$3,791	\$4,206
DEPENSE		
Prix	<u>2,200</u>	<u>-</u>
EXCEDENT DU REVENU SUR LA DEPENSE POUR L'EXERCICE	<u>\$1,591</u>	<u>\$4,206</u>

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

NOTES COMPLEMENTAIRES

31 DECEMBRE 1987

1. PRINCIPALES CONVENTIONS COMPTABLES

Les revenus et dépenses sont comptabilisés sur une base d'exercice.

2. INVESTISSEMENT

L'investissement est comptabilisé au coût d'acquisition qui représente approximativement la valeur marchande.

Coût

Obligations de \$5,000 de la Commission d'Energie
Hydro Electrique de l'Ontario à 9%, échéant le
premier avril 1994

\$5,000

MANAGEMENT REPORT

Subject: MORTGAGE
Date: January 11, 1988
Project: ADVANTAGES OF DISCHARGING MORTGAGE LOAN

Simply put, it is most often advantageous to reduce interest bearing loans if sufficient capital exists. CDA is in such a position and a recommendation has been made to pay off the existing mortgage.

The current mortgage on the CDA headquarters building amounts to \$470,690. Full details are attached.

Discharging the existing mortgage will save CDA approximately \$46,000 in interest expense per annum. However, in paying off the mortgage CDA would deplete its cash reserves, and thereby reduce its ability to invest these excess funds and earn interest. Therefore, the actual saving is closer to \$14,000.

Normally, the interest rate on loans is about 3 points higher than interest rates available on conservative investments, (i.e. bankers' discount notes, T-Bills, etc.). It is possible to invest funds at rates much higher than those stated above. Doing so would reverse the argument and suggest that the mortgage be retained.

In the past, CDA has wisely adopted a conservative investment strategy using short term paper. Even if this policy was changed and the policy was to seek a higher return, it is still recommended the mortgage be paid off and that funds be borrowed to invest. While CDA fortunately is in an income tax exempt position, it could be politically unwise to bet the house on the markets.

Paying off the mortgage does impact the organization's ability to attract higher interest rates on its investments. The returns on investments of \$1,000,000 or more is approximately 0.5 to 1.0 percent higher than investments of \$500,000. The impact of this, in those months where CDA's investments would be less than \$1,000,000, is approximately \$300 (per month).

It should be pointed out that at a recent meeting it was suggested that paying off the mortgage would have an effect on the escalation charges issued against the tenants. This information was wrong. Interest expense in carrying the mortgage has not in the past been used in compiling property costs used in calculating escalation charges.

The last item to consider is whether the organization can withstand the pressure on the cashflow. Analyzing the cash needs over the past twelve months indicates that sufficient cash exists to cover monthly expenses throughout the year, with the possible exception of the month of August. Should the need arise, we have been assured by our bankers that a line of credit can be set up, with short notice, bearing interest at prime or prime plus one depending on the credit needs.

In summary, CDA could save approximately \$12,000 - \$14,000 per annum in interest expense by paying off the existing mortgage. Over the 17 years remaining on the term of the mortgage, this amounts to some \$221,000.

The organization is in a healthy financial position and could withstand the depletion of cash reserves. If the need arose, credit is available at attractive rates.

Given the above, the recommendation to pay off the mortgage is cost effective.

CANADIAN DENTAL ASSOCIATION

MORTGAGE TO TORONTO-DOMINION BANK

Date of Registration:	April 16, 1985
Principal Amount:	\$534,000.00
Interest Rate: Bank's Prime Rate	9 3/4 as at December 31, 1987
Payment Date:	First day of each month
Amount of Each Payment:	Principal \$2,262.50 plus interest
Maturity Date:	March 1, 2005
Outstanding Balance:	\$470,690.00

The mortgage with the Toronto-Dominion Bank is a floating rate promissory note in the amount of \$543,000.00.

Security for this loan is a collateral first mortgage on 1815 Alta Vista Drive. The mortgage bears interest at the Bank's Prime Rate, calculated monthly. The monthly loan payments are broken down into principal, which is a fixed amount of \$2,262.50, and interest, which varies at approximately \$3,800.00. The present outstanding balance as at December 31, 1987 is \$470,690.00.

The Canadian Dental Association has the privilege of prepaying the loan in full or in part without interest penalty. As well, the mortgage may be locked in with a fixed rate at any time. Unfortunately, it is impossible to predict future interest rates with any accuracy. Recent trends indicate a slight rise in rates but most economists believe they will not be allowed to increase significantly.

January 13, 1988.

APPENDIX C

TIMETABLE - RESTRUCTURE COA MANAGEMENT COMMITTEE

	Existing Composition	Action	Resulting Composition	Flow Chart
1988 Annual Meeting	Pres-Elect/President Past-President	Elect Pres-Elect	Pres-Elect/Pres Past-President	PE is New PE to Pres Pres to PP
1989 Interim Meeting	Pres-Elect/Pres/ Past-President	Elect Vice-Pres	Vice-Pres/Pres-Elect/ /Pres/Past-President	VP is New PE to PE P to P PP to PP
Annual Meeting	Vice-Pres/Pres-Elect/ Pres/Past-President	Elect Vice-Pres	Vice-Pres/Pres-Elect/ Pres/Past-President	VP is New VP to PE PE to P P to PP PP - Drops
1990 Annual Meeting	Vice-Pres/Pres-Elect/ Pres/Past-President	Elect Vice-Pres	Vice-Pres/Pres-Elect/ Pres/Past-President	VP is New VP to PE PE to P P to PP PP - Drops
1991 1991 Interim Meeting	Vice-Pres/Pres-Elect/ Pres/Past-President	Abolish position of Past-Pres	Vice-Pres/Pres-Elect/ President	VP to VP PE to PE P to P PP - Drops
Annual Meeting	Vice-Pres/Pres-Elect/ President	Elect Vice-Pres	Vice-Pres/Pres-Elect/ President	VP is New VP to PE PE to P Pres - Drops

Notes: The President-Elect elected at the 1988 Annual Meeting serves on Management for 2 1/2 years. The Vice-President elected at the 1989 Interim Board serves on Management for 2 1/2 years.

APPENDIX D

POSITION PAPER ON PRESIDENTIAL AND MANAGEMENT ACTIVITY

The Canadian Dental Association should implement more cost effective and practical methods of planning future presidential and Management activity. This is necessary for a number of reasons:

- i) The job is too big for one person, or even a few people to be spread all over the country at all functions, great and small.
- ii) The cost of moving the President to smaller functions for short periods of time must be related to the tangible benefits that accrue to both the group in question and CDA.
- iii) We badly under utilize all other members of Executive Council and the Board. Increased utilization in appropriate circumstances would help our profile nationally and decrease costs.
- iv) We do not expose senior staff to groups where they have high credibility and could do us more good. If this was done, it would increase the perception of expertise in all areas. This would strengthen the organization by increasing confidence and demonstrating that CDA has the range of talent and commitment to do the job of representing Canadian Dentistry well at all levels.
- v) While the high level of CDA presidential or Management activity is applauded in many circles, it is also frequently challenged in terms of practicality, cost efficiency, and benefit to CDA.
- vi) The mainstream practitioner must have something to go back to when he finishes his responsibility to CDA (both family and practice).
- vii) We do not, repeat NOT derive as many benefits as we think we do from attendance of Management level people at many functions. In short, we need a regular review or situation analysis to use our people more effectively on a regular basis. Meetings in larger centres where there would be a large number of dentists in attendance would be considered a priority item, particularly if the meeting were held in a voluntary province.
- viii) People to be utilized include:
 - a) Management Committee
 - b) Executive Council
 - c) Board of Governors (selectively)
 - d) Staff, including our Executive Director, our Director of Education and Accreditation, Director of Communications, and the Director of Administration

These latter individuals would be particularly effective at functions such as student events, the NDEB, the Royal College, the Armed Forces, and Registrars' meetings.

- ix) Whatever we do, if we are going to utilize more people, we must have an organized message. In short, whoever delivers the message should be saying the things we want to have heard regarding the Canadian Dental Association.

PROPOSED TERMS OF REFERENCE FOR PRESIDENTIAL ACTIVITY

The terms of reference for presidential activity at meetings could involve discussion of the following criteria:

- i) The President should be prepared to deal with issues of extreme national interest to government or any other group or agency in the dental community.
- ii) The President should attend all meetings of the Management Committee, Executive Council, and the Board of Governors.
- iii) The President should attend key provincial meetings where the level of activity is likely to have bearing on national issues. This would be a priority.
- iv) The President should make at least one appearance at key provincial functions in larger provinces. It is possible that a rotation system might be implemented for some provinces particularly where scheduling conflicts prevent attendance in a certain year, or where conjoint meetings allow broader coverage with a single visit.

e.g. one or two Atlantic provinces a year.

British Columbia

Quebec

Ontario

Alberta

Saskatchewan and/or Manitoba annually.

Attendance at these meetings by the President should include a key CDA function such as a luncheon or dinner where the President has an opportunity to act as the CDA spokesperson. It is too far to go just to have a drink and socialize.

- v) Attendance at other functions must be related to cost-efficiency and the size of the group with emphasis on the voluntary provinces, and perhaps special consideration based on geographic circumstances.

- 3 -

e.g. meetings that involve groups such as the NDEB, the Royal College, the Provincial Directors, and smaller component meetings could be attended where convenient or where scheduling would allow. Otherwise these meetings should be attended on an alternating basis with consideration being given to sending other members of the Management Committee, Executive Council or CDA staff. Student graduation and Armed Forces functions could also be attended where convenient and where economical. Generally, we should be using more local representatives at meetings of this nature, including senior staff. It is recognized that it is important to have a representative in attendance whenever possible at these types of functions.

APPENDIX E

1988 Per Diem and Honoraria Rates

The honoraria rates for 1988 will be as follows:

President:	\$39,000
Past-President:	\$19,500
President-Elect:	\$19,500

The per diem rates for 1988 be as follows:

	President, Past-President, President-Elect, Chairmen of the Board		Executive Council Members		Committee/Council Chairmen and Presidential Appointees)	
	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>
<u>Meeting Days</u>						
Mon. to Fri.	700	350	490	245	324	162
Sat.-Sun.	350	175	245	123	162	81
<u>Travel Days</u>						
Mon. to Fri.	700	350	490	245	324	162
Sat.-Sun.	0	0	0	0	0	0

COMMITTEE FOR CONSUMER PRODUCTS RECOGNITION

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. M. Eggert, Chairman - Edmonton
Dr. G. Bowden, Winnipeg
Dr. E. Chan, Montréal
Dr. W.B. Chapple, Port Hope
Dr. H. Limeback, Toronto

Observer: Dr. M. Akoury, Health Protection Branch,
Health & Welfare Canada, Ottawa

Executive
Liaison: Dr. B. Sigfstead, Edmonton

Coordinator: Ms. Janice Forsythe

1. Committee Meeting

The Committee has met once since the 1987 Board of Governors meeting, on October 22, 1987. Dr. Mona Akoury was welcomed to this meeting as the newly-appointed liaison with HPB.

ITEMS REQUIRING BOARD ACTION

2. Development of a Policy on Non-Fluoride Containing Anti-Caries Agents

The Committee discussed at length the possibility of expanding its role in granting the CDA Seal of Recognition to anti-caries products containing active ingredients other than fluoride. For example, several studies suggest that chlorhexidine is an anti-caries agent. The Committee would like the Board's guidance as to whether there is a role for CDA to play here.

RESOLVED:

88.13 THAT the Committee for Consumer Products Recognition be authorized to pursue the development of guidelines for non-fluoride containing anti-caries agents.

ADOPTED

3. Development of a Policy on Non-sucrose Containing Products

The Committee then went one step further and considered developing guidelines and an accompanying statement for products, such as chocolate bars, peanut butter, etc., which do not contain sucrose. This program is active in Switzerland and has proven to be quite successful. A simple statement such as "This products does not harm your teeth" could be used.

RESOLVED:

- 88.14 THAT the Board of Governors authorize the Committee for Consumer Products Recognition to investigate the development of a recognition program for non-dental products containing sugar substitutes.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION4. Tartar Control Statement

The Committee is still in favour of carrying a CDA tartar control statement in conjunction with its fluoride statement for tartar control products. The HPB has been approached to approve the statement, but their response indicated that a therapeutic and a cosmetic claim should not be treated in the same statement. The Committee will continue to negotiate this matter with HPB and will report back at the next meeting.

5. Revisions to the Contract

Appendix A

Changes to the contract with seal of recognition holders have been made by the Committee, in conjunction with CDA's lawyer, Mr. Ken Murchison. These modifications ensure that a basic contract can be used for all of the statements the CDA may wish to grant in future. Various appended schedules will pertain to the statement in question. Copies of the contract and the various schedules are appended for your information. Please note that the schedules pertaining to caries/tartar and to gingivitis have yet to be approved by HPB.

6. Revisions to the Anti-plaque Guidelines

The Committee has reviewed the "Guidelines for Acceptance of Chemotherapeutic Products for the Control of Supragingival Dental Plaque and Gingivitis" and "Chemotherapeutic Products for the Control of Supragingival Dental Plaque and Gingivitis" and made some minor revisions to the section on "Microbiological Assessment of Supragingival Plaque". The changes will ensure that the tests required are both meaningful and attainable in Canada.

The Committee will be able to recognize products under the new guidelines as soon as they have been approved by the Health Protection Branch. We are waiting for HPB approval for the gingivitis control statement.

7. Sensitivity to Tartar Control Toothpastes

The Committee has been made aware of several anecdotal cases of individuals being sensitive to tartar control toothpastes when they have no reaction to the regular formula. A letter has been sent to each of the manufacturers enquiring if they are aware of these reactions and if any action is being taken. The Committee intends to put an article in the Journal requesting that dentists notify the CDA if they are aware of such cases. Staff will then keep the HPB informed of the situation.

8. Steps for Submitting an Application for the Seal of Recognition

The Committee has developed a checklist of requirements before a manufacturer can submit a new product for consideration. At its next meeting, it will be developing strict guidelines as to what is considered a new product and what is simply a formula change to an existing product.

9. Newly-Approved Products

The following products were granted the CDA Seal of Recognition at the last Committee meeting:

Extra Breath Freshening Flavour Aquafresh
Crest for Kids
Listermint - Peppermint Flavour
Oral B - Muppets Toothpaste

The Committee agreed to publish annually in the Journal the complete list of approved products.

10. Appreciation

As this is my first report to the Board as Chairman of the Committee for Consumer Products Recognition, I would like to take this opportunity to thank my Committee members for their dedication to our activities, and our staff for their assistance in initiating me into the philosophical and political realm of the CDA.

Respectfully submitted,

Michael Eggert, DDS
Chairman, Committee for
Consumer Products Recognition

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee for Consumer Products Recognition with appreciation.

THIS AGREEMENT entered into the day of 19

BETWEEN:

(hereinafter referred to as the "Applicant")
OF THE FIRST PART,

AND

CANADIAN DENTAL ASSOCIATION

(hereinafter referred to as the "CDA")

OF THE SECOND PART.

- WHEREAS: (A) the CDA is an organization devoted to the improvement of the Dental Health of the Canadian Public;
- (B) the CDA, in order to give guidance to the Canadian Public, has adopted a policy of making statements concerning therapeutic products without reference to cosmetic claims and which in its opinion can contribute to Dental Health; and
- (C) the Applicant manufactures and sells "
(hereinafter referred to as the "Product"), " intended to contribute to Dental Health; and the Applicant desires that the CDA make such a statement which it may use in connection with the Product as hereinafter provided.

SECTION A

Application

The Applicant, having read the CDA Guidelines for Applications, a copy of which is attached hereto as Schedule A, hereby:

- (1) applies for the CDA to make the following statement concerning the Product (see Schedule A):
(hereinafter referred to as the "Statement");
- (2) states:
- (a) that the name, nature or type, intended use and intended effect of the product are as set forth in Schedule H.
- (b) that the product has the following Drug Identification or General Proprietary Number and conforms to the quantitative formula and description of ingredients as shown in Schedule B - such ingredients being of quality standards acceptable to the Health Protection Branch of the Department of National Health and Welfare and being shown in Schedule C;
- (c) that the product is produced as described and in the locations stated in Schedule D.

and

- (3) states that the Product is to be known in Canada commercially as " " and is known commercially elsewhere as follows:
- (a) in the United States as " "
 - (b) in the United Kingdom as " "
 - (c) in France as " "
 - (d) in Germany as " "
- (4) submits samples of the Product as enumerated in Schedule E;
- (5) submits the prescribed application fee of \$7,500.00;
- (6) submits supporting material as required by the CDA Guidelines for Applications, as enumerated in Schedule F and which to the best of its knowledge and belief is accurate and complete;
- (7) agrees to submit, as and when requested by the CDA, the further material enumerated in Schedule G - which to the best of its knowledge and belief constitutes the only further or other material, studies, or evidence, relevant to the Product or its component ingredients;
- (8) agrees to advise the CDA of, and to submit, as and when requested by the CDA, such further or other material concerning the Product as it may possess, including any and all data concerning completed clinical trials;
- (9) agrees to abide by the Guidelines on Consumers Advertising and Promotional Material as set forth in Schedule I; and
- (10) agrees to pay a further sum of \$2,000.00 on the first and on the second anniversary of the coming into effect of this agreement.

SECTION B

Making of Statement and Use of Statement

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of the sum of \$1.00 each to the other paid and other good and valuable consideration, receipt of which is hereby acknowledged, and of the mutual covenants herein recited, it is agreed by and between the parties hereto as follows:

PART I

Assessment of Product and Making of Statement

1. (a) The CDA shall consider the Application for the CDA's Statement concerning the Product in the form specified in Section A.
- (b) The CDA by itself, its employees, agents or consultants shall conduct such examinations and studies of the Product, its component ingredients and supporting material submitted as it considers necessary to justify the making of the said Statement and in so doing will inter alia, generally follow its published Guidelines for Applications attached hereto as Schedule A.

- (c) The Applicant shall pay the CDA for the expense of such tests, inspection and examination referred to in (a) and (b) above, provided that if the expense of such tests should be estimated to exceed \$7,500.00, such tests shall not be taken without consultation with and the approval of the Applicant. Said expense shall include the Applicant's share of administrative and other overhead costs directly related to the assessment function under this Section B, Part I.
- (d) The CDA shall:
 - (i) if in its sole and unfettered opinion, said Statement is justified, make said Statement,
 - (ii) if in its sole and unfettered opinion, said Statement is not justified, refuse to make such Statement,
 - (iii) allow reasonable access to the Applicant to discuss the circumstances for any such refusal and may again, in its sole and unfettered discretion, allow further or other submissions by the Applicant and may change its decision with or without imposing conditions on the Applicant.
- (e) The CDA shall keep confidential all information submitted to it by the Applicant pursuant to this Agreement. For greater certainty, but without being restrictive, the CDA shall not disclose to anyone other than the individual or individuals specifically designated by it to carry out the administrative and evaluative functions called for herein, any information relating to the Application, supporting data, product information or advertising, promotional or label copy without the written consent of the Applicant first being obtained. All reasonable efforts will be taken by the CDA to impress upon the individual or individuals referred to above, the significance of the information supplied by the Applicant in the competitive marketplace and the CDA will secure an undertaking of confidentiality in respect thereof from such individual or individuals.
- (f) The making of said Statement under this Part shall be effective upon the issue of a Certificate in Form 1 as set out in Schedule H, and said Statement (or any modification or renewal thereof) may be used by the Applicant in connection with the Product as hereinafter provided, but the Statement:
 - (i) is subject to this Agreement;
 - (ii) is non-exclusive;
 - (iii) is non-assignable;
 - (iv) is only for use in Canada; and
 - (v) confers no proprietary rights.

PART II

Coming Into Effect of Agreement and its Parts

2. The Agreement comes into effect, and is binding according to its terms, upon execution by the Parties, except that Parts III to IX inclusive of Section B, only come into effect, and are binding, upon the making of the Statement by the CDA as provided in Part I. The Agreement and its Parts, according to their terms, continue to be effective and binding upon any renewal or modification of the Statement.

PART III

Period in Term during which Applicant may use Statement

3. (a) The Statement made shall be for use by the Applicant for a term of THREE years only, such term commencing upon the date of the issue of the certificate in Form 1 and ending at midnight on the THIRD anniversary thereof unless renewed, modified, or revoked.
- (b) Upon the term ending, or upon modification or revocation of the Statement, the Applicant shall Cease to Use the Statement.
- (c) "Cease to Use" the Statement in this Agreement:
- (i) in respect of the packaging of the Product means:
- not entering into further or other contracts for packaging using the Statement and not later than 180 days after the end of the term, or after revocation or modification of the Statement - ceasing the distribution and sale to its trade of the Product contained in the tubes and cartons bearing the Statement (or Statement in its original form) that were on hand, in process, in warehouse or on non-cancellable order at the end of the term. For the purposes of this provision "non-cancellable order" shall mean any order or orders for reasonable quantities of cartons and/or tubes placed by the Applicant, or on its behalf, with its suppliers not later than 30 days preceding the end of the term, or prior to notification of revocation or modification of the Statement;
- (ii) in respect of the advertising or promotion of the Product means:
- (A) on television and radio: not entering into further or other advertising contracts using the Statements and ceasing the use of the Statement not later than 120 days following the end of the term;
- (B) in other forms: not entering into further or other advertising contracts using the Statement and using the Applicant's best efforts to avoid placing advertisements, or distributing materials, bearing the Statement that would, in the ordinary course of business, come to the attention of the public for the first time after 60 days following the end of the term;

- (iii) provided that: if the Statement is revoked pursuant to clause 9 (a) (i) because the safety of the Product has been called into question by the Health Protection Branch and the CDA gives Notice in writing to the Applicant, then the time periods specified in (i) and (ii) above may be shortened as provided by, and to the extent stated in that Notice.

PART IV

Provision of Further Material

- 4. The Applicant shall provide samples of the Product and its component ingredients to the CDA on demand.
- 5. The Applicant shall supply the CDA with any further or other material or data concerning the Product including completed clinical trials, which it develops or obtains, without delay, and shall notify the CDA of such other relevant material or data of which it otherwise learns.
- 6. The Applicant shall provide the CDA with any and all changes in formulation or manufacturing and in particular, notification of such changes as are required by Statute or Regulation of Canada to be submitted to the Health Protection Branch of the Department of National Health and Welfare. No substantial or material alteration in the Product as defined in Section A - and in particular its use, composition, ingredients and production - may be made without the prior notification to, and approval of, the CDA; provided that temporary formula changes resulting from ingredient shortages or manufacturing malfunctions may be made without prior written notice or approval in the following circumstances:
 - (i) where the ingredients are marked on the formula accompanying the Application to indicate substitution without notification is permitted;
 - (ii) where the entire formula is one that had been previously approved by the CDA; or
 - (iii) where notice and approval are given and received via telephone or in person,

and, in the cases of (ii) and (iii) above, provided that advice of changes made is given to CDA, in writing, within a reasonable period after such changes.

PART V

Use of Statement

- 7. (a) The Statement made (or any modification or renewal thereof) is for use in the packaging, advertising and promotion of the Product and not otherwise without the express written consent of the CDA.
- (b) The Applicant's packaging, advertising and promotional material for the Product - even if the Statement, in any particular case, is not used in connection therewith - shall:
 - (i) be submitted to the CDA in advance of its use for the CDA's study; and
 - (ii) not be used unless and until the CDA grants its written approval.

- (c) In all respects the Applicant's packaging, advertising and promotional material for the Product - even if the Statement, in any particular case, is not used in connection therewith - shall comply with the CDA's Guidelines on Consumer Advertising and Promotional Material attached hereto as Schedule I and when such Guidelines are altered hereafter shall comply with all alterations as notified to the Applicant by the CDA.
- (d) The Applicant shall pay the CDA for the expense of such studies referred to in (b) above, provided that if the expense of any single study should be estimated to exceed \$1,000.00 such study shall not be taken without the approval of the Applicant. Said expense shall include the Applicant's share of administrative and other overhead costs directly related to the evaluative function under this Part V as determined by the CDA.

PART VI

Renewal

- 8.
 - (a) At any time after the commencement of the final year of the term specified in Part III, but not later than three months before the end of the term specified in Part III, the Applicant may apply for renewal for a further term of the Statement.
 - (b) Such applications shall be in the Form set out in Schedule J and be accompanied by such of the supporting material specified in the then current CDA Guidelines for Applications as has not already been provided.
 - (c) The CDA shall consider and deal with all such applications as provided in Section B, Part I (mutatis mutandis).
 - (d) The Application for Renewal shall be accompanied by a fee of \$2,000.00 and an undertaking to pay a further \$2000.00 on the first and the second anniversary of the renewal.
 - (e) Any renewal granted under this Part shall be effective upon the issue of a Certificate in Form I and shall be for a term of THREE years, or such lesser term as may be therein stated.

PART VII

Reconsideration, Modification, Revocation and other Termination of Statement

- 9.
 - (a) The Statement made (or any renewal or modification thereof) may be reconsidered and modified or revoked by the CDA at any time if:
 - (i) the safety of efficacy of the Product is called into question as a result of one or more scientific studies conducted in accordance with generally accepted clinical procedures, by the Health Protection Branch of the Department of National Health and Welfare or a recognized scientific body having general probity in the scientific community, or by the CDA itself;
 - (ii) there has been any material misrepresentation or misstatement in Section A;

- (iii) the Applicant breaches any of the substantial material or fundamental provisions of this Agreement - the following breaches being deemed to be breaches of such provisions:
 - (A) failure to supply supporting material that is, or by the exercise of due diligence should be, within its knowledge within the context of Section A, paragraph (6);
 - (B) failure to submit further or other material concerning the Product as requested by the CDA, pursuant to Section A, paragraph (8);
 - (C) failure to pay expense of tests, expense of studies, annual or renewal fees, expense of insurance in accordance with Section A, Clause 10, Section B, Clauses 1(c), 7(d), 8(d) and 16(a);
 - (D) failure to comply with the provisions of Section A, Clause 9, Section B, Clauses 4, 5, 6, 7(a) and (b), 8(a) and (b), 11, 14, 15 and 16(b);
 - (iv) subject to the proviso in clause 6, there is substantial or material alteration in the Product as defined in Section A, and in particular as defined in Section A, and in particular its use, composition, ingredients and production - without the prior notification to and written approval of the CDA;
 - (v) the Product should fail to conform to Government of Canada standards as specified in Section A.
- (b) The CDA will allow reasonable access to the Applicant to discuss the circumstances which might lead, or have in fact led to any reconsideration, modification or revocation of the Statement and may, in its discretion, change its decision with or without imposing conditions upon the Applicant.
- (c) As the Statement is non-assignable:
- if the Applicant should sell or transfer 50% or more of its interest in the Product, or if the Applicant should cease to be responsible for its manufacture or sale - without the prior notification to, and written approval of, the CDA -
- then upon such sale, transfer or cessation becoming effective, the Applicant and the Purchaser/Transferee or new Manufacturer/Seller shall Cease to Use the Statement;
- provided that: the Purchaser/Transferee or new Manufacturer/Seller may - if the Product is materially unchanged - make immediate Application to the CDA under Part VI, in its own name, for Renewal, and while such Application is being considered, the CDA, in its sole and unfettered discretion, if requested, may postpone or suspend for a period of up to six months the above requirement that the Applicant and the Purchaser/Transferee or new Manufacturer/Seller Cease to Use the Statement.

- (d) Notwithstanding the foregoing, the Statement made (or any renewal or modification thereof) may be reconsidered and modified or revoked by the CDA at any time if in its sole and unfettered discretion the CDA considers it desirable to do so.
10. Any modification of the CDA's Statement shall be effective upon the issue of a further Certificate in Form 1.
11. Upon notification by the CDA of the issue of a further Certificate in Form 1:
- (a) The Applicant shall Cease to Use the original form for the Statement
- (b) The Applicant may use the Statement as modified.
12. When the Statement, or the renewed Statement, has been modified pursuant to this Part its term remains the term defined by Part III or Part VI respectively.
- 13A. Revocation of the CDA's Statement (or any renewal or modification thereof) shall be effective upon written notification thereof by the CDA to the Applicant and thereupon the Applicant shall Cease to Use the Statement.
- 13B. The right to use the Statement made (or any renewal or modification thereof) may be surrendered by the Applicant at any time, such surrender to be deemed to be a revocation by the CDA for the purposes of, and within the meaning of this Agreement, and - subject to actual revocation to Clause 3(c) (iii) - effective upon a written notification of this surrender to the CDA, the Applicant shall Cease to Use the Statement.

PART VIII

Indemnity and Insurance

14. The Applicant shall indemnify and hold the CDA harmless from any and all claims and demands, liabilities, actions, suits and proceedings (including legal fees and disbursements on a solicitor and client basis) however and by whomsoever brought, in any way arising, by reason of the CDA making the Statement, the CDA entering into this Agreement, or by reason of any act or omission whatsoever on the part of the CDA, its officers, servants, agents and consultants in implementing this Agreement.
15. (a) The Applicant acknowledges that the Statement by the CDA is not an endorsement of the Product itself and the Applicant shall not claim, represent or imply to the public that it is; it being acknowledged and agreed by the Parties that use of the Statement in label, advertising and promotional copy as authorized herein shall not infringe the provisions of this sub-clause.
- (b) The Applicant shall not in any way claim or represent that the Statement by the CDA implies any responsibility on the part of the CDA for ensuring compliance by the Applicant or the Product with any Statute or Regulation or Guideline of the Government of Canada, any provincial or any governmental or scientific agency whatsoever.
- (c) The Applicant acknowledges that the CDA is in no manner responsible for the formulation, manufacture or marketing of the Product and the Applicant shall not in any way claim or represent that the CDA is.

Notices

- IN WITNESS WHEREOF, the Parties hereto have caused this instrument to be executed by their duly authorized representatives under their respective corporate seals.

SCHEDULE A

To Agreement Between
Entered into
and the CDA
Canadian Dental Association
Guidelines for Applications (dated

Introduction

The Canadian Dental Association ("CDA"), being an organization which is devoted to the improvement of the dental health of the Canadian Public has, in order to give guidance to that Public, adopted a policy of making statements concerning products which in its opinion can contribute to Dental Health.

Such a statement by the CDA concerning a product may be made only upon the formal application to the CDA by the person who manufactures and sells the product (the "Applicant").

This Application is contained in, and is formally set out as a Section of, an Agreement between the Applicant and the CDA. This Agreement is entered into at the time of the Application itself and by its terms provides for and governs the making of the Statement and its use by the Applicant thereafter.

The present form of the Statement is as follows:

"..... contains which is, in our opinion, an effective decay preventive agent, and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. Canadian Dental Association. (Seal)".

and in French:

"..... contient, qui est, à notre avis, un agent efficace de prévention de la carie et se révèle d'une utilité appréciable dans le cadre d'un programme consciencieux d'hygiène buccale et de soins professionnels réguliers. Association dentaire canadienne. (Sceau)".

As the wording makes clear, this Statement is an expression of the CDA's opinion as to the effectiveness of a decay preventive agent only, and not an endorsement of the product itself. Furthermore, although the CDA requires that the product comply with all applicable Federal and Provincial laws and regulations, this Statement is in no way a certification by the CDA of such compliance.

As the wording again makes clear, only certain classes of products which could contribute to dental health fall within its scope. Other classes accordingly, are not eligible for the CDA's consideration.

In addition, at the present time the CDA will not consider Applications for, nor make Statements concerning:

- (1) drugs used by the profession in the diagnosis of dental disease, or
- (2) products which do not claim therapeutic value.

A completed application consists of: (i) an executed Agreement, and (ii) all necessary supporting material in the Agreement and more particularly specified in these Guidelines, together with (iii) stated fees and expense payments.

As provided in the Agreement, the CDA considers the Application; and by itself, its employees, agents or consultants, conducts such examinations and studies of the Product, its component ingredients and supporting material as it considers necessary to justify the making of the Statement. In doing so, the CDA will look to: (a) the matters dealt with in these Guidelines and (b) the studies, evaluations and conclusions of such other bodies as the Health Protection Branch (HPB) of the Department of Health and Welfare and the Council of the American Dental Association.

GUIDELINES

A. Summary of Information Requirements

The Application, in Section A of the Agreement, requires certain information to be provided:

- Paragraph (1) - state the Product and its contents
- Paragraph (2) - state the product type: eg. toothpaste or mouthrinse
- Paragraph (2)(a) - state the product use: eg. applied to teeth by brushing after each meal
- Paragraph (2)(b) - state the intended effect: eg. reduce dental caries
- Paragraph (2)(c)(i) - insert Drug Identification or General Proprietary Number
- (ii) - state the quantitative formula and description of ingredients (including excipients) in Schedule B
- (iii) - state the names, specifications and grade of the ingredients in Schedule C
- Paragraph (2)(d) - state location of manufacture
- Paragraph (3) - state commercial name in Canada
- Paragraph (3)(a) - (d) - state commercial names elsewhere

B. Summary of Supporting Material Requirements

The Application, in Section A, Paragraph (6) requires the submission of supporting material, which material shall be as required by these Guidelines, shall be enumerated in Schedule F, and shall be, to the best of the Applicant's knowledge and belief, accurate and complete.

In general, this supporting material shall be sufficient to justify the making of the Statement.

In particular, this supporting material shall comprise at least the following:

- (1) Material providing all relevant information and evidence on the nature of the component ingredients including: their properties, actions, dosages, usefulness and safety,
- (2) Material providing all relevant information and evidence on the nature of the Product including its properties, action, dosage, and in specific:

- (a) establishing the safety of the Product;
- (b) establishing that manufacturing and laboratory facilities are under the supervision of qualified personnel and are adequate to assure purity and uniformity of products and accuracy of labelling; and
- (c) establishing the efficacy of the Product.

Such supporting material shall include objective data from critical clinical laboratory studies or such other sources as may be deemed appropriate.

Such supporting material shall include copies of all material submitted to the Health Protection Branch.

C. Summary of Assessment of Product

(1) Consideration of Name

(a) Established or Generic Names:

The selection and use of established or generic names must conform to the Proposed International Nonproprietary Names, Approved Names of the British Pharmacopoeia Commission or Nonproprietary Names recognized by the National Formulary of US Pharmacopoeia.

(b) Trade Names:

Proprietary names are acceptable, provided they meet certain professional standards:

(i) Misleading Names

Names which are misleading or which suggest diseases or symptoms are not acceptable.

(ii) Numbers or Initials in Names

The Product name shall not include initials or numbers except when deemed necessary to designate the concentration or amount of active ingredients.

(iii) Titles in Names

Titles such as "Doctor" or "Dentist" or the designation "D.D.S." or "D.M.D." shall not be included in the name of the product.

2. Evaluation of Product

As stated in clause 1 (b) of the Agreement, the CDA by itself, its employees, agents or consultants will conduct such examinations and studies of the Product, its component ingredients, and supporting material as it considers necessary to justify the making of the Statement. Generally, the CDA will follow, as a minimum, the procedures and requirements outlined in these Guidelines.

Description of Procedures in the evaluation of anti-caries agents containing fluoride, sold to the public:

Submissions of these agents will be considered in one of the categories below.

(a) New Product with a New Therapeutic Agent:

(i) Laboratory studies on animals to measure toxicity and biocompatibility and studies on fluoride stability and availability as required by the Health Protection Branch.

(ii) Clinical trials on human subjects on caries:

These shall conform to F.D.I. or WHO Guidelines in trial design. A minimum of 2 trials for 24 months in different geographic locations by different examiners with numbers large enough to establish beyond reasonable doubt that the therapeutic claim is validated, and that the level of efficacy is significant as judged by the CDA Committee.

(b) New Product with Established Therapeutic Agent:

As above in Section 1, except that 1 trial for 24 months could be accepted.

(c) Recognized Product with Same Therapeutic Agent Incorporating a Formulation Change:

(i) The onus will be upon the Applicant to show that any change does not alter the efficacy of the therapeutic agent, otherwise the submission should be under Section 2.

(ii) Formulation or manufacturing changes should be notified to the CDA as well as the Health Protection Board.

(iii) Applicants should allow sufficient lead time.

SCHEDULE A

To Agreement Between
Entered into
and the CDA
Canadian Dental Association
Guidelines for Applications (dated

Introduction

The Canadian Dental Association ("CDA"), being an organization which is devoted to the improvement of the dental health of the Canadian Public has, in order to give guidance to that Public, adopted a policy of making statements concerning products which in its opinion can contribute to Dental Health.

Such a statement by the CDA concerning a product may be made only upon the formal application to the CDA by the person who manufacturers and sells the product (the "Applicant").

This Application is contained in, and is formally set out as a Section of, an Agreement between the Applicant and the CDA. This Agreement is entered into at the time of the Application itself and by its terms provides for and governs the making of the Statement and its use by the Applicant thereafter.

The present form of the Statement is as follows:

"..... contains which is, in our opinion, an effective decay preventive agent, and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. has been shown to reduce the formation of tartar above the gumline, but has not been shown to have a therapeutic effect on periodontal diseases. Canadian Dental Association. (Seal)".

and in French:

"..... contient, qui est, à notre avis, un agent efficace de prévention de la carie et se révèle d'une utilité appréciable dans le cadre d'un programme consciencieux d'hygiène buccale et de soins professionnels réguliers. Il a été démontré que réduit la formation du tartre au-dessus des gencives, mais non qu'il ait un effet thérapeutique sur les maladies parodontales. Association dentaire canadienne. (Sceau)".

As the wording makes clear, this Statement is an expression of the CDA's opinion as to the effectiveness of a decay preventive agent only, and not an endorsement of the product itself. Furthermore, although the CDA requires that the product comply with all applicable Federal and Provincial laws and regulations, this Statement is in no way a certification by the CDA of such compliance.

As the wording again makes clear, only certain classes of products which could contribute to dental health fall within its scope. Other classes accordingly, are not eligible for the CDA's consideration.

In addition, at the present time the CDA will not consider Applications for, nor make Statements concerning:

- (1) drugs used by the profession in the diagnosis of dental disease, or
- (2) products which do not claim therapeutic value.

A completed application consists of: (i) an executed Agreement, and (ii) all necessary supporting material in the Agreement and more particularly specified in these Guidelines, together with (iii) stated fees and expense payments.

As provided in the Agreement, the CDA considers the Application; and by itself, its employees, agents or consultants, conducts such examinations and studies of the Product, its component ingredients and supporting material as it considers necessary to justify the making of the Statement. In doing so, the CDA will look to: (a) the matters dealt with in these Guidelines and (b) the studies, evaluations and conclusions of such other bodies as the Health Protection Branch (HPB) of the Department of Health and Welfare and the Council of the American Dental Association.

GUIDELINES

A. Summary of Information Requirements

The Application, in Section A of the Agreement, requires certain information to be provided:

- | | | |
|------------------------|-------|--|
| Paragraph (1) | - | state the Product and its contents |
| Paragraph (2) | - | state the product type: eg. toothpaste or mouthrinse |
| Paragraph (2)(a) | - | state the product use: eg. applied to teeth by brushing after each meal |
| Paragraph (2)(b) | - | state the intended effect: eg. reduce dental caries |
| Paragraph (2)(c)(i) | - | insert Drug Identification or General Proprietary Number |
| | (ii) | - state the quantitative formula and description of ingredients (including excipients) in Schedule B |
| | (iii) | - state the names, specifications and grade of the ingredients in Schedule C |
| Paragraph (2)(d) | - | state location of manufacture |
| Paragraph (3) | - | state commercial name in Canada |
| Paragraph (3)(a) - (d) | - | state commercial names elsewhere |

B. Summary of Supporting Material Requirements

The Application, in Section A, Paragraph (6) requires the submission of supporting material, which material shall be as required by these Guidelines, shall be enumerated in Schedule F, and shall be, to the best of the Applicant's knowledge and belief, accurate and complete.

In general, this supporting material shall be sufficient to justify the making of the Statement.

In particular, this supporting material shall comprise at least the following:

- (1) Material providing all relevant information and evidence on the nature of the component ingredients including: their properties, actions, dosages, usefulness and safety,
- (2) Material providing all relevant information and evidence on the nature of the Product including its properties, action, dosage, and in specific:
 - (a) establishing the safety of the Product;
 - (b) establishing that manufacturing and laboratory facilities are under the supervision of qualified personnel and are adequate to assure purity and uniformity of products and accuracy of labelling; and
 - (c) establishing the efficacy of the Product.

Such supporting material shall include objective data from critical clinical laboratory studies or such other sources as may be deemed appropriate.

Such supporting material shall include copies of all material submitted to the Health Protection Branch.

C. Summary of Assessment of Product

(1) Consideration of Name

(a) Established or Generic Names:

The selection and use of established or generic names must conform to the Proposed International Nonproprietary Names, Approved Names of the British Pharmacopoeia Commission or Nonproprietary Names recognized by the National Formulary of US Pharmacopoeia.

(b) Trade Names:

Proprietary names are acceptable, provided they meet certain professional standards:

(i) Misleading Names

Names which are misleading or which suggest diseases or symptoms are not acceptable.

(ii) Numbers or Initials in Names

The Product name shall not include initials or numbers except when deemed necessary to designate the concentration or amount of active ingredients.

(iii) Titles in Names

Titles such as "Doctor" or "Dentist" or the designation "D.D.S." or "D.M.D." shall not be included in the name of the product.

2. Evaluation of Product

As stated in clause 1 (b) of the Agreement, the CDA by itself, its employees, agents or consultants will conduct such examinations and studies of the Product, its component ingredients, and supporting material as it considers necessary to justify the making of the Statement. Generally, the CDA will follow, as a minimum, the procedures and requirements outlined in these Guidelines.

Description of Procedures in the evaluation of anti-caries agents containing fluoride, sold to the public:

Submissions of these agents will be considered in one of the categories below.

(a) New Product with a New Therapeutic Agent:

- (i) Laboratory studies on animals to measure toxicity and biocompatibility and studies on fluoride stability and availability as required by the Health Protection Branch.
- (ii) Clinical trials on human subjects on caries:

These shall conform to F.D.I. or WHO Guidelines in trial design. A minimum of 2 trials for 24 months in different geographic locations by different examiners with numbers large enough to establish beyond reasonable doubt that the therapeutic claim is validated, and that the level of efficacy is significant as judged by the CDA Committee.

(b) New Product with Established Therapeutic Agent:

As above in Section 1, except that 1 trial for 24 months could be accepted.

(c) Recognized Product with Same Therapeutic Agent Incorporating a Formulation Change:

- (i) The onus will be upon the Applicant to show that any change does not alter the efficacy of the therapeutic agent, otherwise the submission should be under Section 2.
- (ii) Formulation or manufacturing changes should be notified to the CDA as well as the Health Protection Board.
- (iii) Applicants should allow sufficient lead time.

SCHEDULE A

To Agreement Between
Entered into

and the CDA

Canadian Dental Association

Guidelines for Applications (dated

Introduction

The Canadian Dental Association ("CDA"), being an organization which is devoted to the improvement of the dental health of the Canadian Public has, in order to give guidance to that Public, adopted a policy of making statements concerning products which in its opinion can contribute to Dental Health.

Such a statement by the CDA concerning a product may be made only upon the formal application to the CDA by the person who manufacturers and sells the product (the "Applicant").

This Application is contained in, and is formally set out as a Section of, an Agreement between the Applicant and the CDA. This Agreement is entered into at the time of the Application itself and by its terms provides for and governs the making of the Statement and its use by the Applicant thereafter.

The present form of the Statement is as follows:

"..... containswhich is, in our opinion, an effective agent for the control of supragingival plaque accumulation and gingivitis, and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care of periodontal disease. This product has not been shown to control existing periodontitis. Canadian Dental Association. (Seal)".

and in French:

"..... contient, qui est, à notre avis, un agent efficace pour maîtriser l'accumulation de la plaque au-dessus des gencives et la gingivite, et se révèle d'une utilité appréciable dans le cadre d'un programme consciencieux d'hygiène buccale et de soins professionnels réguliers des maladies parodontales. Il n'a cependant pas été démontré que a un effet thérapeutique sur les maladies parodontales. Association dentaire canadienne. (Sceau)".

As the wording makes clear, this Statement is an expression of the CDA's opinion as to the effectiveness of an anti-plaque agent only, and not an endorsement of the product itself. Furthermore, although the CDA requires that the product comply with all applicable Federal and Provincial laws and regulations, this Statement is in no way a certification by the CDA of such compliance.

As the wording again makes clear, only certain classes of products which could contribute to dental health fall within its scope. Other classes accordingly, are not eligible for the CDA's consideration.

In addition, at the present time the CDA will not consider Applications for, nor make Statements concerning:

- (1) drugs used by the profession in the diagnosis of dental disease, or
- (2) products which do not claim therapeutic value.

A completed application consists of: (i) an executed Agreement, and (ii) all necessary supporting material in the Agreement and more particularly specified in these Guidelines, together with (iii) stated fees and expense payments.

As provided in the Agreement, the CDA considers the Application; and by itself, its employees, agents or consultants, conducts such examinations and studies of the Product, its component ingredients and supporting material as it considers necessary to justify the making of the Statement. In doing so, the CDA will look to: (a) the matters dealt with in these Guidelines and (b) the studies, evaluations and conclusions of such other bodies as the Health Protection Branch (HPB) of the Department of Health and Welfare and the Council of the American Dental Association.

GUIDELINES

A. Summary of Information Requirements

The Application, in Section A of the Agreement, requires certain information to be provided:

- | | | |
|------------------------|-------|--|
| Paragraph (1) | - | state the Product and its contents |
| Paragraph (2) | - | state the product type: eg. toothpaste and mouthrinse |
| Paragraph (2)(a) | - | state the product use: eg. applied to teeth by brushing or rinsing after each meal |
| Paragraph (2)(b) | - | state the intended effect: eg. reduces plaque and gingivitis |
| Paragraph (2)(c)(i) | - | insert Drug Identification or General Proprietary Number |
| | (ii) | - state the quantitative formula and description of ingredients (including excipients) in Schedule B |
| | (iii) | - state the names, specifications and grade of the ingredients in Schedule C |
| Paragraph (2)(d) | - | state location of manufacture |
| Paragraph (3) | - | state commercial name in Canada |
| Paragraph (3)(a) - (d) | - | state commercial names elsewhere |

B. Summary of Supporting Material Requirements

The Application, in Section A, Paragraph (6) requires the submission of supporting material, which material shall be as required by these Guidelines, shall be enumerated in Schedule F, and shall be, to the best of the Applicant's knowledge and belief, accurate and complete.

In general, this supporting material shall be sufficient to justify the making of the Statement.

In particular, this supporting material shall comprise at least the following:

- (1) Material providing all relevant information and evidence on the nature of the component ingredients including: their properties, actions, dosages, usefulness and safety,
- (2) Material providing all relevant information and evidence on the nature of the Product including its properties, action, dosage, and in specific:
 - (a) establishing the safety of the Product;
 - (b) establishing that manufacturing and laboratory facilities are under the supervision of qualified personnel and are adequate to assure purity and uniformity of products and accuracy of labelling; and
 - (c) establishing the efficacy of the Product.

Such supporting material shall include objective data from critical clinical laboratory studies or such other sources as may be deemed appropriate.

Such supporting material shall include copies of all material submitted to the Health Protection Branch.

C. Summary of Assessment of Product

(1) Consideration of Name

(a) Established or Generic Names:

The selection and use of established or generic names must conform to the Proposed International Nonproprietary Names, Approved Names of the British Pharmacopoeia Commission or Nonproprietary Names recognized by the National Formulary of US Pharmacopoeia.

(b) Trade Names:

Proprietary names are acceptable, provided they meet certain professional standards:

(i) Misleading Names

Names which are misleading or which suggest diseases or symptoms are not acceptable.

(ii) Numbers or Initials in Names

The Product name shall not include initials or numbers except when deemed necessary to designate the concentration or amount of active ingredients.

(iii) Titles in Names

Titles such as "Doctor" or "Dentist" or the designation "D.D.S." or "D.M.D." shall not be included in the name of the product.

2. Evaluation of Product

As stated in clause 1 (b) of the Agreement, the CDA by itself, its employees, agents or consultants will conduct such examinations and studies of the Product, its component ingredients, and supporting material as it considers necessary to justify the making of the Statement. Generally, the CDA will follow, as a minimum, the procedures and requirements outlined in these Guidelines entitled: "Guidelines for Acceptance of Chemotherapeutic Products for the Control of Supragingival Dental Plaque and Gingivitis" and "Chemotherapeutic Products for the Control of Supragingival Dental Plaque and Gingivitis" found in Appendix A.

Description of Procedures in the evaluation of anti-gingivitis agents containing fluoride, sold to the public:

Submissions of these agents will be considered in one of the categories below.

(a) New Product Incorporating the Same Established Therapeutic Agent:

It is the responsibility of the manufacturer to prove the efficacy of the product. Clinical trials may be required at the discretion of the Committee.

(b) Recognized Product with Same Therapeutic Agent Incorporating a Formulation Change:

- (i) The onus will be upon the Applicant to show that any change does not alter the efficacy of the therapeutic agent, otherwise the submission should be under Section 2.
- (ii) Formulation or manufacturing changes should be notified to the Health Protection Branch as well as the CDA.
- (iii) Applicants should allow sufficient lead time.

GUIDELINES FOR ACCEPTANCE OF CHEMOTHERAPEUTIC PRODUCTS FOR
THE CONTROL OF SUPRAGINGIVAL DENTAL PLAQUE AND GINGIVITIS

Committee for Consumer Products Recognition
Canadian Dental Association

The Committee for Consumer Products Recognition of the Canadian Dental Association will use the following criteria in evaluating chemotherapeutic products for the control of supragingival (above the gumline) plaque and gingivitis. The guidelines conform to the American Dental Association Plaque Control Guidelines with modifications based on the report of the Conference on Clinical Trials in Periodontal Diseases held in Chicago in May 1985 and reported in the Journal of Clinical Periodontology 13, 336 - 549 (1986). The guidelines do not describe criteria for evaluating the management of periodontitis or other periodontal diseases, nor will they describe the evaluation of products strictly for the mechanical removal of plaque. Both over-the-counter and prescription-only products such as mouthrinses and toothpastes containing active chemotherapeutic agents will be considered using these guidelines.

The clinical benefit of supragingival plaque control can best be demonstrated by a significant reduction in gingivitis. Therefore, it will be necessary to demonstrate a clinically and statistically significant reduction in gingivitis by the products. These clinical findings can be supplemented by information on total plaque levels and levels of specific periodontal pathogens. This places evaluation of anti-gingivitis products on the same clinical biological basis that is already applied to anti-caries products.

We are interested in stimulating research and commercial development of home care agents capable of producing clinically acceptable reduction in gingivitis. Therefore, we have set a target of clinically significant control of gingivitis by the product as a mean gingival index of 0.75 per patient when measured on the scale of Loe and Silness or clinically equivalent index that includes a measure of sulcular bleeding.

SUMMARY OF GUIDELINES FOR CLINICAL STUDIES OF SAFETY AND EFFICACY

The Committee requires adequate information with the following characteristics for evaluation of any product used to control plaque and gingivitis chemotherapeutically.

- * Characteristics of the study population should represent typical product users.
- * Reporting the periodontal index (Russell's Index or equivalent) for each study group at initiation of the study, or initiation of each study period, will indicate the type of patients in which agents have been tested.
- * Active products should be used in normal regimen in comparison with a placebo control, or where applicable, an active control. Patient assignment to test groups should be at random.
- * A log must be kept of mechanical plaque control measures.
- * Studies should be a minimum of six months in duration.
- * Parallel or cross-over studies are acceptable but cross-over studies must have a sufficient latent period.
- * Two studies conducted by independent investigators will be required.
- * Microbiological sampling should estimate plaque qualitatively in addition to indices which measure plaque quantitatively.
- * Plaque and gingivitis scoring and microbiological sampling should be conducted at baseline, six months and at an intermediate time and must have included a measure of sulcular bleeding.

- * Microbiological profile should demonstrate that pathogenic or opportunistic microorganisms do not develop over the course of the study.
- * The toxicological profile of products should include carcinogenicity and mutagenicity assays in addition to generally recognized tests for drug safety.
- * The main reasons for study drop outs must be recorded and reported.
- * The basic unit of statistical analysis and reporting is to be the patient.

CHEMOTHERAPEUTIC PRODUCTS FOR THE CONTROL OF
SUPRAGINGIVAL DENTAL PLAQUE AND GINGIVITIS

COMMITTEE FOR CONSUMER PRODUCTS RECOGNITION
CANADIAN DENTAL ASSOCIATION

These guidelines conform to the American Dental Association Plaque Control Guidelines with modifications based on the report of the Conference on Clinical Trials in Periodontal Diseases held in Chicago in May 1985 and reported in the Journal of Clinical Periodontology 13, 336 - 549 (1986).

The role of dental bacterial plaque as a factor in the development of oral diseases such as dental caries and periodontitis has been clearly recognized by the dental community as a result of scientific investigations spanning many years. Gingivitis also has a direct association with dental plaque. Dental professionals devote considerable time and effort in their clinical practices to educating patients about the role of dental plaque in oral diseases and the need to remove it on a regular basis. This patient education includes instruction in mechanical plaque control by thorough oral cleansing with a toothbrush and dentifrice in conjunction with regular use of dental floss and other interdental cleaning aids. This patient education may also include use of chemotherapeutic agents for control of plaque in addition to routine methods of mechanical plaque control.

The purpose of these guidelines is to outline the criteria which the Committee for Consumer Products Recognition of the Canadian Dental Association will use in evaluating commercial products for its acceptance program for the control of supragingival dental plaque and gingivitis through use of chemotherapeutic agents. Products which control supragingival plaque primarily by the mechanical removal of plaque will not be considered in these guidelines. Products for chemotherapeutic plaque control may incorporate agents for control of caries or for desensitization but evaluation of the clinical benefits of plaque control by these products will be those of the present guidelines. The Committee will evaluate both prescription and non-prescription drugs.

Examples of products for the chemotherapeutic control of supragingival plaque would be mouthrinses and dentifrices containing agents which would destroy or inhibit plaque microbiological growth and those which inhibit the attachment of these microorganisms to their natural sites. Current scientific evaluations in the dental literature suggest that the Committee should consider for acceptance products intended only for control of supragingival plaque and gingivitis and not of periodontitis. Commercial presentation of accepted products for plaque and gingivitis control through intra-oral topical application must state clearly: (1) the inability to control existing periodontitis; (2) the possibility of development of new periodontitis while the product is being used; and (3) the need for continuing professional periodontal care.

These guidelines are not intended to be a comprehensive review of the literature on the subjects of dental plaque, gingivitis and periodontitis. In this document the following terms and definitions will be used.

DENTAL PLAQUE (MICROBIAL DENTAL PLAQUE)

A highly variable substance resulting from the colonization and growth of microorganisms on the surfaces of teeth and oral soft tissues that consists of different microbial species embedded in an extracellular matrix composed of bacterial products and host secretory proteins.

Dental plaque is found both supragingivally (above the gumline) and subgingivally (below the gumline) as well as on gingival epithelium and other oral surfaces such as dental restorations and oral appliances.

As supragingival plaque accumulates on an initially clean tooth surface it changes from a relatively simple gram-positive coccal microflora to a more complex flora consisting of gram-positive rods and cocci, gram-negative rods and cocci and motile organisms such as Spirochaetes. This increasingly complex flora is associated with a shift from predominantly aerobic organisms to predominantly anaerobic organisms. This microbial population shift takes place over a period of two weeks so that within three to four weeks, when gingivitis is well established, there are many different microbial species in mature undisturbed dental plaque.

GINGIVITIS

A non-specific term that denotes inflammation of the marginal and interdental gingivae without reference to the etiology or cause of the problem. Scientific studies have shown that plaque-associated gingivitis can be controlled or prevented by removing and/or inhibiting microbial plaque accumulation.

PERIODONTITIS

A non-specific term that denotes inflammation and destruction of the periodontium without reference to the etiology or cause of the problem. Apical migration of epithelial attachment, loss of collagenous connective tissues and loss of alveolar bone characterize the condition. The condition is commonly associated with extrinsic factors such as plaque and calculus but in some cases is associated in addition with systemic diseases such as diabetes, neutropenia and epidermal disorders.

If supragingival plaque accumulation is not controlled, plaque growth proceeds subgingivally into the gingival sulcus or crevice around each tooth. This extension of plaque subgingivally is important because adequate mechanical removal and chemical control of subgingival plaque is impossible for patient home care and requires professional intervention. There has not as yet been adequate scientific clinical evaluation of the ability of patients to control subgingival disease through home care employing either mechanical or chemotherapeutic measures.

GUIDELINES FOR ACCEPTANCE OF PRODUCTS

The guidelines will address the chemotherapeutic control only of supragingival plaque-associated gingivitis and not of periodontitis associated with subgingival plaque. Development of agents that control gingivitis is a useful and logical initial approach to development of agents that may eventually control periodontitis. Further studies may reveal a need for agents that achieve more than simply the control of gingivitis in the prevention and control of periodontitis.

In evaluating products the Committee for Consumer Products Recognition recognises that the benefit of plaque control is best demonstrated by evidence of a clinically significant reduction in gingivitis. Plaque and gingivitis are measured independently as clinical phenomena. Because gingivitis is the actual clinical biological problem to be controlled, in the Committee's review of products for acceptance, it will be necessary to demonstrate clinically and statistically significant reductions of the manifestations of gingivitis. This places evaluation of anti-gingivitis products on the same clinical biological basis that is already applied to anti-carries products.

Reductions	in	total
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plaque may be reported but any clinical findings would be strengthened to a much greater extent if accompanied by microbiological evidence of decreased levels of periodontal pathogens as a result of use of the agent.

As a working objective, the Committee sets a target level of clinically acceptable gingivitis control achieved by the product to a level of 0.75 with the Loe and Silness gingival index or a clinically equivalent index. This level of clinical gingivitis in a patient implies that many of the sites have a clinical gingivitis level of 1.0 (no sulcular bleeding) and a considerable proportion have a clinical gingivitis level of zero.

We have set this level of clinical effectiveness because it is the intention of the Committee to stimulate research and commercial development of new chemotherapeutic agents capable of clinically successful reduction of gingivitis when employed in a home care program. We recognize that agents such as chlorhexidine available on prescription in Europe and North America are capable of at least this level of control of gingivitis and therefore provide a useful therapeutic target for a home care agent.

We are also requesting that for the experimental and placebo groups of patients the mean level of periodontitis and its range be reported in terms of Russell's periodontal index, or an equivalent periodontal index. This information is required only for the initial examination at the time of entry of the patients into the study. Although it is the purpose of these guidelines only to evaluate agents active in treating or preventing gingivitis, provision of this information will indicate to the Committee the overall level of periodontal health of the patient groups in which the agents intended to control gingivitis have been tested.

REVIEW OF CLINICAL STUDIES

For any evaluation of a product to control plaque chemotherapeutically the Committee requires adequate information with the following characteristics.

Studies must be conducted with test populations and test conditions that represent the natural conditions under which the product is expected to be used. For example, both sexes must participate in the study; the age of the study population must be representative of those patients for whom the product is intended; the frequency and duration of use of the product must be representative of actual use of the product in practice; the user should be instructed in the proper use of the product but not necessarily supervised. A log of mechanical plaque control home care must be kept in view of the known effect of such home care on chemotherapeutic plaque control. In each study the active product must be compared with a placebo control lacking the active agent but comparable in other ways. Patients must be assigned randomly to the active versus placebo groups. As new information develops in this area and products are recognized as effective, it may be possible in the future to compare products to an active control in addition to a placebo control.

Study designs employing either parallel or cross-over groups are acceptable, providing that in a cross-over design study an adequate latent period is left between study periods. As a result of the length of the studies required for adequate evaluation of product efficacy the cross-over design will be significantly longer than the parallel design and may therefore be impractical. Periodontal indices must be reported for the beginning of each active phase in a cross-over study.

Studies assessing the ability of a chemotherapeutic agent to inhibit or reduce plaque formation and to measure the subsequent effect on gingivitis must be a minimum of six months in duration. Longer periods are preferable. Scoring should be conducted at baseline and at six months. An intermediate point for scoring should also be included during the first three months of the study. Two studies of at least six months' duration conducted by different, independent investigators will be required.

Study periods of at least six months are required for several reasons. Within three months, supragingival plaque that is not readily removed by mechanical means will have matured. It will then be possible to assess the effect of that matured plaque on the marginal gingival tissues. After this interval the patients will have had sufficient time to adapt to the study conditions and are more likely to be using the product under true conditions of home use. It is anticipated that adaptive changes in the oral flora are likely to occur within six months so that overgrowth of opportunistic organisms may be observed. Studies of longer duration are more likely to observe such phenomena.

All study drop-outs must be followed up and a reason for their leaving the study recorded and reported.

GINGIVITIS

Clinical indices for evaluating the gingivitis that is related to plaque reduction in clinical studies should meet at least four basic criteria. The indices should be simple to use with a minimum of time and expense; criteria for assessing the stages of gingivitis should be clear and understandable; the clinical manifestations of the disease process should be measurable at all stages; and the data from the index should be amenable to statistical treatment. Several numerical indices are described in the literature. However, for a well-controlled clinical trial, it is essential that accurate indices to assess the proper severity of the condition and the localized effect of treatment be used.

It is suggested that methods be selected which measure gingivitis using both subjective and objective criteria. For example, those indices which rely upon subjective examiner observation of the colour tissue or an estimate of the degree of tissue swelling should be supplemented by methods which tend to use more objective measures, such as whether sulcular bleeding occurs upon probing, or the amount of gingival crevicular fluid is measured. Presentation of results that incorporate sulcular bleeding as a component of the measurement, such as the gingival index of Loe & Silness, would provide greater scientific support for any claims of therapeutic benefit than results that do not incorporate a measure of gingival bleeding.

We support the gingival index of Loe and Silness and its modifications that incorporate a measure of sulcular bleeding because sulcular bleeding is a sensitive clinical measure of gingival inflammation. A periodontal probe inserted only 1-2 mm into a periodontal pocket will provide an indication of sulcular bleeding at a site of measurement. The scoring of bleeding will be evaluated as positive (bleeding) or negative (no bleeding).

PLAQUE

Reports in the current dental literature contain indices and methods for measuring plaque both quantitatively and qualitatively. These methods are sufficiently discriminating to show differences among the variables which affect the development and growth of plaque. Some of these methods use indices which estimate supragingival

plaque quantitatively by assessing total tooth area cover, thickness of the plaque in the area measured, or plaque mass (wet or dry weight). Other methods, however, characterize plaque qualitatively by evaluating the microbiological composition and the biological activity of plaque microorganisms. The objective of microbial assessment of plaque is to determine whether there are shifts in the balance of flora which might have an adverse effect on oral tissues, or contribute to the progression of microorganisms in the flora from non-periodontal pathogens to those which are pathogenic. There is also concern that the development of resistant microorganisms does not occur with the use of these products.

Several plaque indices are recognized as reliable for measuring plaque qualitatively by estimating area. These indices score plaque on visually accessible tooth surfaces and can be used for evaluating mechanical anti-plaque procedures such as toothbrushing and flossing, as well as chemotherapeutic anti-plaque agents. The method used should, ideally, be applicable to studies in children and adults. It may be necessary to modify these techniques to suit the study protocol. For example, since plaque will be sampled for microbiological assessment, it may not be feasible to stain plaque before scoring.

One characteristic of all the indices which estimate plaque quantitatively is that they are subject to examiner sensitivity. It is recommended that, where possible, the same examiner be trained and used in clinical trials with the same group of patients throughout the study. However, multiple examiners would be acceptable if they are calibrated.

An additional feature of plaque indices which estimate plaque quantitatively is that the indices do not behave in a linear fashion. It is suggested, therefore, that in analyzing data from these indices it is essential to note not only the actual plaque scores, but also the fate of those plaque scores through the course of the study. That is, a record should be made of actual shifts from one score to another through the course of the study.

MICROBIOLOGICAL ASSESSMENT OF SUPRAGINGIVAL PLAQUE

A significant question raised by the Committee in evaluating products containing agents which have antimicrobial effects is the effect on oral flora and oral tissues when these products are used. These products should be used only when indicated for the control of plaque and gingivitis. This use could potentially be for periods varying from a few days to months. It is important, therefore, to monitor oral flora and observe soft tissues in patients during the study for the development of candidiasis, oral ulcerations or other manifestations of opportunistic microorganisms that proliferate and may lead to secondary mucosal infections.

Microbiological sampling should be incorporated into the design of a study at time intervals which best reflect the targeted use of the product. For example, for conventional antimicrobial agents intended to be used following a dental visit which would traditionally include a prophylaxis, it is suggested that sampling be done prior to a prophylaxis to establish a baseline. Sampling would also be done at an intermediate examination period, preferably early in the study, and at the final examination period of six months. If a protocol is designed to test a product to be used for a specific indication where a pre-prophylaxis baseline is not required, it should include appropriate modifications in design. It has also been suggested that consideration be given to including a microbiological assessment of post-treatment plaque in the study design. This would provide information on progression of the flora after the test agent had been discontinued. While this is the

information that might be of value in monitoring progress of treatment in an individual patient and would be of academic interest in the pharmacological study of drug therapies, it is not a requirement for products evaluated by the Committee.

It is suggested that subjects should be randomly selected from the study group and several areas (at least 3 to 4) should be sampled in each individual. Areas sampled are left to the discretion of the investigator, but sampling should be done in a manner to which statistical analysis can be applied.

Plaque should be harvested in such a way from the areas chosen for sampling that an objective evaluation of the flora can be made. Methods which require that total plaque be harvested from each area chosen for sampling and counts recorded as either counts per site or counts per milligram of wet plaque weight per site are acceptable as a method of documentation. Results can then be averaged over the sites of investigation for purposes of reporting. Frequencies of isolation of specific organisms at specific levels per site can also be reported.

Resistance of microorganisms can be evaluated by assessing the minimum inhibitory concentration (MIC) of representative mucosal pathogens. These assessments are generally a part of testing during product development, and, where feasible, should be included in the submission to the Committee. These assessments can be made before, during and after termination of the study to determine whether differences in the MIC of an antimicrobial chemotherapeutic agent occurs with use.

Secondary mucosal infections are not restricted to the areas of the teeth and gingivae. Therefore, screening for opportunistic infections will have to include clinical examination of the tongue, palate, floor of mouth and cheeks. Any clinical signs of active infections such as candidiasis will have to be recorded and followed by clinical microbiological investigation. Any other symptoms of opportunistic infection such as the burning mouth syndrome will also have to be recorded and investigated clinically.

Specific microorganisms have been associated with rapidly progressing periodontal diseases such as periodontitis. Therefore, it is essential to demonstrate that these bacteria do not develop supragingivally during the course of a clinical study. Additionally, it is essential that opportunistic organisms such as yeasts and gram negative enteric bacteria do not develop during the course of the study.

The microbiological testing should be directed at:

- Establishing the ratio of the numbers of viable gram negative bacteria relative to the total viable count. These counts must be made on media cultivated anaerobically. Selective media may be used.
- Monitoring the samples for the presence of gram negative "enteric" bacteria, particularly those which can be responsible for opportunistic and nosocomial infections.
- Monitoring the samples for an increase in the number of yeasts.
- The ratio of viable counts of bacteria grown under aerobic and anaerobic conditions.
- The quantitation of spirochaetes, motile rods and cocci in the samples by dark field microscopy.

Comparisons should be made at the three time intervals for control and test groups.

TOXICOLOGICAL PROFILES

Information submitted for products containing active chemotherapeutic agents should include assessments of possible toxic effects of the active agent or adverse effects of the product formulation. These assessments should include standard toxicological profiles, depending on the particular product. The Committee will require that data on the carcinogenicity and mutagenicity of the product or its active agents be submitted. It must be assumed that products submitted to the Committee will have met minimum requirements of the Food and Drug Administration for safety.

In addition to standard toxicology profiles, it is suggested that a submission be made of the effect of the product, if any, on taste sensation, staining of oral tissue, or other characteristics that may be unique to the active formulation.

The number of patients dropping out of either the active or the placebo groups must be reported along with their major reasons for dropping out. In this way the likelihood of future adverse reactions can be estimated.

STATISTICAL ANALYSIS AND CONCLUSION

Although the basic location of measurement is the periodontal site on a tooth, the basic unit of statistical analysis and reporting is to be the patient. Presentation of findings is only meaningful if, in the comparison of the active versus placebo groups, each patient provides only one value per analysis. In this way the bias of inter-patient variation is minimized in any comparison of inter-treatment group differences. Appropriate statistical methods should be applied to permit presentation and comparison of subgroups of the data. The statistical approach should permit unbiased comparison of results for molars versus incisors or any other such subgroups of the data.

Use of the patient as the basic unit of analysis and reporting implies pooling of data only during the process of statistical analysis and not before. The periodontal site will continue to be the location for clinical and microbiological measurement. For example, plaque samples collected from individual sites must be analyzed individually because different types of sites will show different results. The guidelines are not to be interpreted as indicating pooling of plaque samples prior to analysis.

Mean values for the clinical measurements for the different treatment groups should be presented, along with range and standard deviation and patient numbers. Each patient should contribute one value in the calculations of the overall means. It would be appropriate to break down the data according to tooth type and other criteria. Presentation of actual mean values will permit evaluation of the magnitude of the observed effects.

Statistically significant reductions at the 95% confidence level should be demonstrated for gingivitis and plaque scores where appropriate. Reductions in plaque should be compared with placebo or control treatment, rather than baseline scores. Reductions in gingivitis (and plaque) should be demonstrated after six months of use when compared with placebo or control treatment performed for the same length of time.

We have set a clinically acceptable level of control of gingivitis at an average value per patient of 0.75 for the gingival index of Loe and Silness or a clinically equivalent index. This target level may be adjusted when data from further investigations become available. In all cases we will expect to observe a statistically significant reduction of gingivitis to a clinically acceptable level as a result of use of the chemotherapeutic product.

In view of the known effect of the level of mechanical plaque control on the level of effect of chemotherapeutic plaque control, data must be presented to show the level of mechanical plaque control home care in the different treatment and placebo groups.

When data from the intermediate time interval are compared with data at six months, there should be no drop in effectiveness at the six-month time period unless the test period is extended sufficiently beyond six months to establish a long-term reduction in gingivitis.

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SCHEDULE B

To Agreement Between _____ and the CDA
Entered into _____

Quantitative Formula and Description of Ingredients

(1) Quantitative Formula

(2) Composition

Chemical Name	Function	Percentage by Weight
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SCHEDULE C

To Agreement Between

and the CDA

Entered into

Ingredients

Name under which produced	Chemical Name	Specification Number	Grade
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SCHEDULE D

To Agreement Between

and the CDA

Entered into

Production

(i) Production Process:

(ii) Location of Production Facilities:

SCHEDULE E

To Agreement Between
Entered into

and the CDA

Enumeration of Samples

Product (Variety)	Quantity	Date Produced	Where Produced
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(1)

(2)

SCHEDULE F

To Agreement Between

and the CDA

Entered into

Supporting Material

(1) Material Concerning Nature of Ingredients

(2) Material Concerning Nature of Product

(I) General

(II) Specific

(a) Establishing Safety of Product

(b) Establishing Adequacy of Production and Control

(c) Establishing Efficacy of Product

SCHEDULE G

To Agreement Between

and the CDA

Entered into

Further Material

SCHEDULE H

To Agreement Between _____ and the CDA
Entered into _____

- Form 1 () Original Statement
 () Renewal of Statement
 () Modification of Statement

Reference
Name of Product: _____
Nature or Type of Product: _____
Intended Use: _____
Intended Effect: _____

(1) The CDA hereby makes the following Statement (the "Statement");

"..... containswhich is, in our opinion, an effective decay preventive agent, and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. Canadian Dental Association. (Seal)".

and in French

"..... contient, qui est, à notre avis, un agent efficace de prévention de la carie et se révèle d'une utilité appréciable dans le cadre d'un programme consciencieux d'hygiène buccale et de soins professionnels réguliers. Association dentaire canadienne. (Sceau)",

(2) This Statement is made pursuant to and subject to the Agreement between and the CDA, dated the day of, 19 ..

(3) This () Original Statement
 () Renewal of Statement
 () Modification of Statement
is effective this day of, 19 .. and is for a term of THREE (3) YEARS ending at midnight on the THIRD anniversary of said date, unless renewed, modified or revoked.

Canadian Dental Association

Per: _____

SCHEDULE H

To Agreement Between _____ and the CDA
Entered into _____

Form 1 () Original Statement
 () Renewal of Statement
 () Modification of Statement

Reference

Name of Product: _____
Nature or Type of Product: _____
Intended Use: _____
Intended Effect: _____

(1) The CDA hereby makes the following Statement (the "Statement");
 "..... contains which is, in our opinion, an effective decay preventive agent, and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. has been shown to reduce the formation of tartar above the gumline, but has not been shown to have a therapeutic effect on periodontal diseases. Canadian Dental Association. (Seal)".

and in French:

"..... contient, qui est, à notre avis, un agent efficace de prévention de la carie et se révèle d'une utilité appréciable dans le cadre d'un programme consciencieux d'hygiène buccale et de soins professionnels réguliers. Il a été démontré que réduit la formation du tartre au-dessus des gencives, mais non qu'il ait un effet thérapeutique sur les maladies parodontales. Association dentaire canadienne. (Sceau)".

(2) This Statement is made pursuant to and subject to the Agreement between and the CDA, dated the day of, 19 ..

(3) This () Original Statement
 () Renewal of Statement
 () Modification of Statement
is effective this day of, 19
and is for a term of THREE (3) YEARS ending at midnight on
the THIRD anniversary of said date, unless renewed, modified
or revoked.

Canadian Dental Association

Per: _____

SCHEDULE H

To Agreement Between _____ and the CDA
Entered into _____

Form 1 () Original Statement
 () Renewal of Statement
 () Modification of Statement

Reference
 Name of Product: _____
 Nature or Type of Product: _____
 Intended Use: _____
 Intended Effect: _____

(1) The CDA hereby makes the following Statement (the
 "Statement");

"..... containswhich is, in
our opinion, an effective agent for the control of
supragingival plaque accumulation and gingivitis, and is of
significant value when used in a conscientiously applied
program of oral hygiene and regular professional care of
periodontal disease. This product has not been shown to
control existing periodontitis. Canadian Dental
Association. (Seal)".

and in French:

"..... contient,
qui est, à notre avis, un agent efficace pour maîtriser
l'accumulation de la plaque au dessus des gencives et la
gingivite, et se révèle d'une utilité appréciable dans le
cadre d'un programme consciencieux d'hygiène buccale et de
soins professionnels réguliers des maladies parodontales. Il
n'a cependant pas été démontré que a un
effet thérapeutique sur les maladies parodontales.
Association dentaire canadienne. (Sceau)".

(2) This Statement is made pursuant to and subject to the
Agreement between
and the CDA, dated the day of, 19 .

- (3) This () Original Statement
 () Renewal of Statement
 () Modification of Statement

is effective this day of, 19
and is for a term of THREE (3) YEARS ending at midnight on
the THIRD anniversary of said date, unless renewed, modified
or revoked.

Canadian Dental Association

Per: _____

SCHEDULE I

To Agreement Between
Entered into

and the CDA

Canadian Dental Association
Guidelines on Consumer Advertising
and Promotional Material (dated

Authority for and Operation of Guidelines:

These Guidelines are provided for in, and constitute a Schedule to, the above-referenced Agreement between the Canadian Dental Association (the "CDA") and the Applicant named therein (the "Applicant").

This Agreement provides for the CDA, at the Applicant's request, making a certain statement (the "Statement") concerning the Applicant's product (the "Product") and the use by the Applicant of that Statement.

One of the terms upon which the Applicant is permitted to use the Statement is that the Applicant's packaging, advertising and promotional material for the Product - even if the Statement, in any particular case, is not used in connection therewith - shall be submitted in advance to, and approved by, the CDA.

Specifically, the Agreement states as follows:

- (a) The Statement made (or any modification or renewal thereof) is for use in the packaging, advertising and promotion of the Product and not otherwise without the express written consent of the CDA.
- (b) The Applicant's packaging, advertising and promotional material for the Product - even if the Statement, in any particular case, is not used in connection therewith - shall:
 - (i) be submitted to the CDA in advance of its use for the CDA's study; and
 - (ii) not be used unless and until the CDA grants its written approval.
- (c) In all respects the Applicant's packaging, advertising and promotional material for the Product - even if the Statement, in any particular case, is not used in connection therewith - shall comply with the CDA's Guidelines on Consumer Advertising and Promotional Material attached hereto as Schedule I and when such Guidelines are altered hereafter shall comply with all alterations as notified to the Applicant by CDA.
- (d) The Applicant shall pay the CDA for the expense of such studies referred to in (b) above, provided that if the expense of any single study should be estimated to exceed \$1,000.00 such study shall not be taken without the approval of the Applicant. Said expense shall include the Applicant's share of administrative and other overhead costs directly related to the evaluative function under Part V as determined by the CDA.

Unless this material submitted by the Applicant complies with the Guidelines it will not be approved by the CDA, and accordingly, may not be used. The use of any packaging, advertising or promotional material without such approval would constitute a breach of the Agreement, and might (among other things) result in the reconsideration, modification or revocation of the Statement.

The CDA recognizes that in the field of radio and television advertising that the Applicant is subject to the provisions of the Broadcasting Act and that the authority to regulate under that Act has been delegated to the Department of Health and Welfare which assesses the form and content of the advertising of most dental products. These guidelines assume, and in fact require, compliance by the Applicant with appropriate regulations and have been prepared so as to neither conflict with nor unnecessarily duplicate, these regulations. Should any conflict or apparent conflict develop, this should be brought to the attention of the CDA.

These Guidelines are subject to review and modification by the CDA, both periodically, and as the need arises. This review and modification, and the administration of the Guidelines generally, is performed for the CDA by its Committee for Consumer Product Recognition. This Committee will receive and consider submissions and suggestions by Applicants and will be available for discussions and consultations.

Guidelines

(A) Purpose:

The Preamble to the Agreement states that the CDA is an organization devoted to the improvement of the dental health of the Canadian Public and that it has adopted a Policy of making statements concerning products which in its opinion can contribute to dental health (the "Products") in order to give guidance to that Public.

Accordingly, all packaging, advertising and promotional material used for such Products - both Consumer and Profession-Oriented - should, while complying with the specific enumerated Guidelines, in general consistent with this purpose and philosophy.

(B) Statement:

1. The Statement provided in the Agreement is in the form given in Schedule H.

2. This Statement may only be used by the Applicant in that form and in accordance with the terms of the Agreement and shall not be abridged or modified in any way except that in television and radio advertising, the Applicant may, by way of introduction, state that the Product:

"is recognized by the Canadian Dental Association".

3. This Statement may not be used in conjunction with the Statement, Seal, Recommendation, Recognition, or Endorsement of any other Group, Body or Person without the express approval of the CDA.

4. The CDA seal may only be used in conjunction with the appropriate Seal of Recognition Statement. In most printed material, the Seal shall appear immediately adjacent to the Statement. CDA will allow, however, the use of one Seal on the front panel of package copy (followed by a sword leading the reader to the other panel containing the Statement), if it is placed next to the active ingredient for which it is being recognized by the CDA. However, the Seal and Statement must still appear together on the side or back panel. The Seal may not be placed next to any other information which could be misleading to the public.

In television advertising, the Seal shall appear on the screen at the same time as the abbreviated statement outlined in (B) 2. above.

(C) General

1. The Applicant in its packaging, advertising and promotional material shall comply with all applicable Federal and Provincial laws and regulations - both in their letter and spirit - and shall comply as well with all guidelines and directives of the bodies entrusted with the administration of these laws and regulations.

2. All claims made by the Applicant - whether expressly or impliedly - shall be fair and accurate and in accordance with the supported by published test results.

3. No product shall be packaged, advertised or promoted in a matter that is false or misleading or deceptive or likely to create an erroneous impression regarding its character value, quantity, composition, merit or safety.

4. No product shall unfairly disparage the quality of products of other manufacturers entitled to use the statement.

5. A product, as it may be packaged, advertised or promoted, may include the use of a competitor's name and the description of a similar product including comparisons as to the taste, appearance, cleaning ability and price of such products or with the results of a survey indicating public preference, provided that, in every case, such comparisons are made in a manner that is not false or misleading. In no case shall any comparisons be made unless the manufacturer supplies to the CDA sufficient, clear evidence of truthfulness or such comparisons, as to which the Canadian Dental Association shall be the sole and conclusive judge.

6. The Applicant in its advertising and promotional material shall clearly show the Product as being only one of the principal components in a total health program.

(D) Clearance Procedures:

1. All packaging, advertising, and promotional material for a Product - even if the Statement is not used in connection therewith - shall be submitted in advance of use by the Applicant for review and approval by the CDA.

2. The CDA approves advertising at the storyboard, script or copy stage. Once approved, minor modifications may be made to this material, without the need of resubmission and reapproval by the CDA, provided that such modifications are in fact minor, executed in good faith and clearly consistent and in conformity with both the spirit and letter of the Guidelines. Television commercial storyboards, radio scripts, and final layouts and copy of print material must be supplied, as above stated in advance of use, or on request.

3. The following changes to approved material would in most cases not require resubmission and reapproval: change in print size, and change in price.

4. If a modification in approved material changes the sense of the advertisement or the overall context of the advertisement then normally resubmission and reapproval by the CDA would be necessary.

(E) Validation of Advertising and Promotional Claims

1. Claims for Products made in packaging, advertising or promotional materials must be fair and accurate in fact and in implication and must be supported by sufficient proof, which proof shall be provided to the CDA upon request.

2. All claims dealing with the quality and efficacy of the product must be consistent with the supporting and available clinical test results, and the CDA's evaluation of the scientific data. No one study may be selected for undue emphasis or to justify a claim not supported by the average results of all available data.

3. All Statements relating to the general subject of dental health must be based on current scientific knowledge.

4. Reference material cited must refer to:

- (a) Published material in the referred journals, and
- (b) Reports not published but acceptable scientific standards and available to professional bodies or individuals requesting this information.

Confidential data are not to be viewed as published data.

(F) Presentation of the Product

1. As stated above, there shall be no modification or editing of the Statement. Print size and time of exposure in television commercial should be such that it is possible to read the Statement. In particular, in television commercials, the Statement must be on the screen for a long enough period of time, without undue distracting background activity, and in large enough type to be easily read and understood by the average viewer. In print, the Statement should be in type legible for person with normal vision.

2. Wherever possible the advertising material should indicate that the Product is a partial contributor to an overall concept of total disease prevention.

3. Over-emphasis on cosmetic qualities or nature of taste to the detriment of health rules is not favoured.

4. Products concerning which the Statement has been made shall not be advertised or displayed with other products in a manner that implies that the Statement applies to these other products. This provision does not apply to conventional price lists or catalogues.

(G) Reference to the Profession in Public Advertising

1. The Statement is an expression of the CDA's opinion concerning the effectiveness of a therapeutic agent used in the Product concerned. Any use of this Statement must be in good taste and in keeping with professional dignity. Therefore, the Statement should appear no more than once during any television, radio or print advertisement, and it must be separate from the commercial or promotional message to the maximum extent possible.

2. Any presentation (by use of dental accoutrements or otherwise) which implies that the location of an advertisement is in a dental office or implies that CDA or other professional comment upon the Product in any way other than through the Statement itself are unacceptable.

3. The word "dentist" or "doctor" cannot become the focal point of the advertisement. Likewise, care must be exercised to avoid implications arising of the location of the word "dentist" or "doctor" which imply endorsement or superiority of brand.

4. Reference to any survey of dentists is unacceptable unless this is directly related to the recognition of therapeutic effects and is validated by published evidence.

5. Physicians, dentists, or nurses or actors representing physicians, dentists, or nurses shall not be employed directly or indirectly in advertisements. Misleading representations by unidentified white-coated actors in also unacceptable. These restrictions also apply to person professionally engaged in medical services. This restriction does not apply to dental advertising in professional dental journals.

6. Visual representations of laboratory settings may be employed provided there is a direct relationship to bona fide published research which has been conducted for the Product or service. In such case, laboratory technicians shall be identified as such and shall not appear as spokesmen or in any other way speak on behalf of the Product.

7. Applicants may not state in any advertising or promotional material that the Product is advertised in the Canadian Dental Association Journal.

(H) Mode of Procedure

1. The Chairman of the Committee for Consumer Product Recognition shall be informed of all proposed advertising in any media for the Product. He will select on a rotating basis two members of the Committee as signing officers. They will review the submitted material and give their decision within seven working days after the receipt thereof by the Chairman.

2. In cases of disagreement between the two members signing officers of the Committee or between the two signing officers of the Committee and the Applicant about the proposed manner of promotion, the Chairman shall refer the matter to his Committee for a vote on acceptability. In the later instance the Applicant will be permitted to provide his explanation to his proposal.

3. The Applicant will be responsible to supply the Chairman of the Consumer Product Recognition Committee with four copies of all advertising and promotional material.

(I) Changes in Guidelines

As provided in the Agreement, when these Guidelines have been altered and when the alterations have been communicated to the Applicant by the CDA, the Applicant shall comply with such alterations.

SCHEDULE J

To Agreement Between
Entered into

and the CDA

Application for Renewal

Whereas

- (a) The Agreement entered into between (the "Applicant") and the Canadian Dental Association (the "CDA") on the _____ day of _____, 19____, provided for the CDA's making of a statement concerning the Applicant's product (the "Product"), and
- (b) The CDA made a statement (the "Statement") in the following form:
- "..... contains which is, in our opinion, an effective decay preventive agent, and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care. Canadian Dental Association (Seal)"
- and in French:
- "..... contient, qui est, à notre avis, un agent efficace de prévention de la carie et se révèle d'une utilité appréciable dans le cadre d'un programme consciencieux d'hygiène buccale et de soins professionnels réguliers. Association dentaire canadienne (Sceau)"
- and
- (c) The Agreement provides for renewal, upon Application, of this Statement,

Therefore

Pursuant to the Agreement the Applicant hereby:

- (1) applies to the CDA for renewal of the Statement for the further term of _____ years from the _____ day of _____ 19____ to the _____ day of _____ 19____;
- (2) states that there has been no material or substantial alteration in information and supporting material presented in its Original Application (or other Renewal Application previous to this) except as follows:
- (3) submits the renewal fee of \$2,000;
- (4) submits such supporting material as required by the current CDA Guidelines for Applications as has not already been provided, as enumerated in the Schedule attached hereto;

- (5) agrees to submit as, and when requested by the CDA, the further material enumerated in Schedule G - which to the best of its knowledge and belief constitutes the only further or other material, studies, or evidence, relevant to the Product or its component ingredients; and
- (6) agrees to advise the CDA of, and to submit as, and when requested by the CDA, such further or other material concerning the product as it may possess, including any and all data concerning completed clinical trials.

DATED the day of 19 .

.....
(Applicant)

Per: _____

SCHEDULE J

To Agreement Between
Entered into

and the CDA

Application for Renewal

Whereas

(a) The Agreement entered into between
(the "Applicant") and the Canadian Dental Association (the
"CDA") on the day of , 19
provided for the CDA's making of a statement concerning the
Applicant's product (the "Product"), and

(b) The CDA made a statement (the "Statement") in the following
form:

"..... contains which is, in
our opinion, an effective decay preventive agent, and is of
significant value when used in a conscientiously applied
program of oral hygiene and regular professional care.
..... has been shown to reduce the
formation of tartar above the gumline, but has not been
shown to have a therapeutic effect on periodontal
diseases. Canadian Dental Association (Seal)"

and in French:

"..... contient,
qui est, à notre avis, un agent efficace de prévention de
la carie et se révèle d'une utilité appréciable dans le
cadre d'un programme consciencieux d'hygiène buccale et de
soins professionnels réguliers. Il a été démontré que
..... réduit la formation du tartre
au-dessus des gencives, mais non qu'il ait un effet
thérapeutique sur les maladies parodontales. Association
dentaire canadienne (Sceau)"

and

(c) The Agreement provides for renewal, upon Application, of
this Statement,

Therefore

Pursuant to the Agreement the Applicant hereby:

(1) applies to the CDA for renewal of the Statement for the
further term of years from the day
of 19 to the day of
19 ;

(2) states that there has been no material or substantial
alteration in information and supporting material presented
in its Original Application (or other Renewal Application
previous to this) except as follows:

(3) submits the renewal fee of \$2,000;

- (4) submits such supporting material as required by the current CDA Guidelines for Applications as has not already been provided, as enumerated in the Schedule attached hereto;
- (5) agrees to submit as, and when requested by the CDA, the further material enumerated in Schedule G - which to the best of its knowledge and belief constitutes the only further or other material, studies, or evidence, relevant to the Product or its component ingredients; and
- (6) agrees to advise the CDA of, and to submit as, and when requested by the CDA, such further or other material concerning the product as it may possess, including any and all data concerning completed clinical trials.

DATED the day of 19 .

.....
(Applicant)

Per: _____

SCHEDULE J

To Agreement Between
Entered into

and the CDA

Application for Renewal

Whereas

- (a) The Agreement entered into between (the "Applicant") and the Canadian Dental Association (the "CDA") on the _____ day of _____, 19____, provided for the CDA's making of a statement concerning the Applicant's product (the "Product"), and
- (b) The CDA made a statement (the "Statement") in the following form:

"..... containswhich is, in our opinion, an effective agent for the control of supragingival plaque accumulation and gingivitis, and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care of periodontal disease. This product has not been shown to control existing periodontitis. Canadian Dental Association (Seal)"

and in French:

..... contient,
qui est, à notre avis, un agent efficace pour maîtriser
l'accumulation de la plaque au-dessus des gencives et la
gingivite, et se révèle d'une utilité appréciable dans le
cadre d'un programme consciencieux d'hygiène buccale et de
soins professionnels réguliers des maladies parodontales.
Il n'a cependant pas été démontré que a un
effet thérapeutique sur les maladies parodontales.
Association dentaire canadienne (Sceau)"

and

- (c) The Agreement provides for renewal, upon Application, of this Statement.

Therefore

Pursuant to the Agreement the Applicant hereby:

- (1) applies to the CDA for renewal of the Statement for the further term of _____ years from the _____ day of _____ 19____ to the _____ day of _____ 19____ ;
- (2) states that there has been no material or substantial alteration in information and supporting material presented in its Original Application (or other Renewal Application previous to this) except as follows:
- (3) submits the renewal fee of \$2,000;

- (4) submits such supporting material as required by the current CDA Guidelines for Applications as has not already been provided, as enumerated in the Schedule attached hereto;
- (5) agrees to submit as, and when requested by the CDA, the further material enumerated in Schedule G - which to the best of its knowledge and belief constitutes the only further or other material, studies, or evidence, relevant to the Product or its component ingredients; and
- (6) agrees to advise the CDA of, and to submit as, and when requested by the CDA, such further or other material concerning the product as it may possess, including any and all data concerning completed clinical trials.

DATED the day of 19 .

.....
(Applicant)

Per: _____

CONVENTION COMMITTEE

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Herb Link, Chairman - Edmonton
Dr. Ted Zukiwsky, Edmonton
Dr. Brad Richens, Edmonton
Dr. Paul Schuller, Edmonton
Dr. Ed McIntyre, Edmonton
Mrs. Florence Ingham, Edmonton
Mr. Don Winget, Edmonton
Mrs. Corrinne Mather, Edmonton
Mr. Jardine Neilson

Coordinator: Miss Linda Teteruck

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1988 Convention, Edmonton, Alberta, August 21-24, 1988

1. Planning for the 1988 CDA Convention proceeds on schedule.
2. Dr. Herb Link has recently taken on the position of General Chairman of the 1988 Convention. Dr. Roger Ellis has stepped down as Chairman, due to his appointment as Deputy Registrar, Royal College of Dentists of Ontario.
3. Scientific Program

The scientific program is scheduled as follows:

Monday, August 22

K.J. Paynter Memorial Symposium (lecturer tba)	Craniomandibular Function and Dysfunction
Dr. Frank Speer	Esthetics
Jennifer de St. George	Front Office Personnel
Dr. Ron Roth	Grieve Memorial Lecture
To be announced	Dentistry and the Law
Projected Clinics	
Table Clinics	
Spouses' Program - Naomi Rhode	Say Yes to Living

CONVENTION COMMITTEE

- 2 -

Tuesday, August 23

Dr. B. Dolansky	Endodontics
Jim and Naomi Rhode	Practice Management
Dr. Ed Sauer	Capitation
Robert Sydenham, RPt	Low Back Pain
Projected Clinics	
Table Clinics	

Wednesday, August 24

Dr. Bryce Larke	AIDS and Dentistry
-----------------	--------------------

Two days of pre-convention courses are being offered:

- Dr. James Cottone on Infection Control for Today's Health Hazards in Dentistry - a step-by-step analysis on how to prevent transmission of infectious diseases to the dentist, staff and patients.
- Dr. William Becker on Changing Concepts in Periodontal Therapy.

The Canadian Dental Hygienists' Association and the Canadian Dental Assistants' Association will be meeting concurrently with CDA, and will have access to CDA exhibits and scientific sessions through their registration fee.

In addition, CDA will provide all office staff with access to our meeting should they not wish to register for the CDAA and CDHA programs.

4. Social Program

Social program highlights include:

- a registration party on Sunday, August 21 featuring the Shumka Ukrainian Dancers.
- a western fun night on Tuesday, August 23 with Las Vegas entertainer Bobby Curtola.

Monday evening will be free to meet friends, attend reunions and dine at some of Edmonton's finest restaurants.

In addition, an extensive spouses' and children's program has been planned.

CONVENTION COMMITTEE

- 3 -

5. Board and Installation Activities

The CDA Board of Governors will be held on Friday, August 19 and Saturday, August 20 at the Westin Hotel in Edmonton (CDA's Headquarters Hotel).

CDA's Installation Dinner will occur on Friday evening, August 19 at the Westin.

Hotel reservations for all Board members will be made through the Executive office at CDA Headquarters.

A special CDA/ADA Luncheon will be held on Monday, August 22 at which time the Alberta Dental Association President will be installed.

6. Registration

All Alberta dentists will be provided free registration to the Convention as a result of a transfer of funds between the Alberta Dental Association and CDA. Other fees are as follows:

Preconvention course

Dentist	\$125.00
Auxiliaries/Other	\$50.00

Convention

Alberta Dentists	-
CDA Members	\$150.00
CDA Non-members	\$225.00
Office personnel, includes all office staff	\$50.00
Technicians	\$50.00
Non-dental personnel	\$50.00
Students	-

Registrations received after June 15th will incur a \$25.00 surcharge.

7. Promotion and Publicity

A special mailing is being carried out by Edmonton Tourism. All dentists outside Alberta will receive a letter of invitation from Dr. Herb Link, a registration and housing form and tourism information. This mailing is being paid for by Edmonton Tourism.

A preliminary Convention program will be sent to all dentists in April. This mailing is currently scheduled to be an insert in the CDA Journal.

The CDA Journal will also provide extensive coverage of Convention news from January to August 1988.

8. Exhibits

An exhibitor's guide has been sent to all potential exhibitors.

Over 130 booths are available at a cost of \$700 per booth.

All exhibits will be in the Edmonton Convention Centre, in close proximity to lectures and other Convention activity.

9. Budget

APPENDIX A

The Convention Committee is hopeful that the Convention will operate on a break-even basis. The attached budget shows a small deficit which the Committee is committed to eliminate.

10. 1989 Convention - Vancouver, B.C.

It has been confirmed that CDA will meet in Vancouver, August 27-30, 1989.

The Convention will be held in the B.C. Convention Centre. CDA's Headquarters Hotel is the Pan Pacific.

Scientific and social programming is commencing.

It is anticipated that the current Convention format will change under the direction of Dr. Michel Jahjah.

The 1989 Convention will be Dr. Jahjah's first Convention as General Chairman.

11. 1990 Convention

The 1990 Convention is scheduled to be held in Ontario.

Discussions are currently underway on two sites:

Ottawa

Toronto - a joint CDA/ODA Convention

The final dates and site will be publicized once they are confirmed.

Respectfully submitted,

Linda Teteruck
Director of Communications

ADOPTION OF REPORT

The Board of Governors accepts the report of the Convention Committee with appreciation.

APPENDIX A

CDA CONVENTION BUDGET

<u>REVENUES</u>		<u>EXPENSES</u>	
Pre-convention 225 Dent.+ 50 Aux.	25,000.00	Scientific	30,000.00
ADA Contribution	65,000.00	Audio Visual	10,000.00
Exhibits 130 x \$700	91,000.00	Translation	5,000.00
Out of Province Reg.	30,000.00	Promotion	45,000.00
Auxiliary Office Personnel 200 x \$50	10,000.00	Production	70,000.00
Hygiene 150 x \$50	7,500.00	<u>Convention Expenses</u>	
Assistants 150 x \$50	7,500.00	Exhibits - 130 x 20 Tabl	15,000.00
Technicians 50 x \$50	2,500.00	Conven. Central Rental	26,000.00
Misc. Rev. Sponsors	3,000.00	Security & Misc.	9,000.00
Spouses 100 x \$50	5,000.00	Spouses	10,000.00
		Social	
		Meal (1000)	15,000.00
		Sunday	5,000.00
		Misc.	2,500.00
		Preconvention	6,000.00
TOTAL	\$246,500.00	TOTAL	\$248,500.00

Social expenses reflect only expected potential maximum losses for each social event. Tuesday night function is based on 500 people break-even position and could bring in a possible \$5000 profit.

Preconvention courses estimated at 100 dentists plus 100 auxiliaries. Total revenues for both courses would be 35,000. Budget as it stands does not reflect this. It shows revenue of 25,000 plus expenses of 6,000. Therefore we might have some leaway here.

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS MEETING

Committee Members:	Dr. J.H. Gryfe, Chairman - Weston Dr. E. MacSween, Rockcliffe Mr. J. Neilson, Ottawa
Associated Committee Chairmen:	Dr. B.W. Holmes, Kenora - M.S.B. Dr. R.N. Hicks, Vancouver - Taxation
Executive Liaison: Coordinator:	Dr. D.E. MacFarlane, Vancouver Mrs. Sandra Deziel

1. Meetings

Since its inception in October 1987, the Government Relations Committee has met once on December 11, 1987. In attendance were Dr. Gryfe, Dr. MacSween, Mr. Neilson and Mrs. Sandra Deziel.

A summary of meetings with various government agencies is attached to this report.

Appendix A

ITEMS REQUIRING BOARD ACTION

2. Brief on Geriatric Dentistry

At the direction of the Executive Council, a review of recent documents concerning government-incentive geriatric dental care proposals was undertaken. While the need for improved geriatric dental care is unquestionable, the encouragement by CDA of federal government ministries is unlikely to result in effective participation. Health care remains a provincial prerogative and programs of this specific nature will be most effectively produced by the interaction of provincial governments and provincial dental associations.

RESOLVED:

88.15 That CDA support provincial dental organizations as they negotiate with provincial governments on behalf of the dental needs of the geriatric population in their provinces, and

THAT CDA supply upon request whatever logistical government relations support these negotiations may require to improve their strength of presentation.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. NHRDP Grants

At the direction of the Executive Council, the viability of developing a program for lobbying potential government research granting bodies on behalf of members of the CDA was considered. While the availability of information regarding POSSIBLE sources of funding makes the printing of an appropriate information document quite straightforward, the involvement of CDA in actively lobbying any or all of these bodies on behalf of CDA members would probably be ineffective and potentially damaging to the image of the organization. The Committee will therefore not actively solicit granting of research funds for any member of the CDA from any government agency.

4. Organ Donor Program

After a review of a 1987 program co-sponsored by the Canadian Medical Association, the Pharmaceutical Manufacturers Association of Canada and Health and Welfare Canada, the CDA has decided to initiate a program of information and incentive, directed towards the dentists of Canada. Because April 24 through April 30, 1988 has been officially designated "National Organ Donor Awareness Week", the April 1988 issue of the Journal of the Canadian Dental Association will include information co-sponsored by CDA and Health and Welfare and the addition of a number of tear-out Organ Donor Cards supplied by PMAC. Depending on the success of this program involving the dentists, an office-directed program targetting the dentists' patients will be evaluated for initiation later in the year.

5. AIDS Information

Extensive discussions were held with officials from Health and Welfare to explore possible venues for co-operative programs. The government is extremely receptive to a program which will allow them the opportunity of circulating a dental profession-backed AIDS policy nationally. At the time of creating this report, this program has been agreed to and planned by CDA and Health and Welfare. The start-up has been delayed while appropriate funding is arranged. An up-date will hopefully be available at the Board Meeting.

Health and Welfare showed no interest in funding the CDA AIDS Conference, but wished to participate in recording the proceedings and distributing the conference's results.

6. Tobacco and the Government

Two federal bills concerning the use of tobacco products have given CDA the opportunity to "go on record". On November 5, 1987, CDA representatives appeared before the Legislative Committee established to examine Bill C-204, a private member bill that proposes a "Non-Smokers Health Act".

Bill C-51 is a federal government sponsored bill that would control the uses and advertising of tobacco. CDA has actively been lobbying the Parliamentary House Leaders in an effort to speed up the passage of this bill. CDA will be presenting a brief when C-51 has had second reading and goes to Legislative Committee for examination.

A submission concerning a revised "Tobacco Tax Policy" has been prepared by the Canadian Council on Smoking and Health for presentation to the Minister of Finance. CDA is a member of CCSH and is listed as such in the brief; the CDA will not be identified as an endorser of the brief.

7. Health Promotion Magazine

"Health Promotion" is a quarterly publication of Health and Welfare Canada. It was decided that a featured article in this periodical which is distributed nationally would enhance the image of dentistry.

Arrangements are being made for the inclusion in 1988 of such an article authored by Dr. Markey. The topic of this article will reflect CDA's leadership in health promotion through our many programs, pamphlets and stress on the prevention theme.

8. Taxation

A specific report on CDA activities concerning taxation and the dentist will be presented by Dr. Robert Hicks, the Chairman of this Committee.

9. Medical Services Branch

A specific report on the activities of the CDA in this area will be presented by Dr. Bradley Holmes, the Chairman of this sub-committee.

10. General Impressions

This committee is attempting to develop a working plan that will reflect both short term goals and longer term perspectives. In areas like taxation, this means a continuation of the effective participation that Dr. Hicks has championed for the past decade. In other areas however, this means patiently laying the first pieces of pavement that will create a road of communication and influence into government departments and agencies that presently have little knowledge of the CDA. I would ask only, that this Board not be overly disappointed at the apparent lack of spectacular results during the infancy of this committee.

In closing, I would like to thank Sandra Deziel who continues to desperately try and prevent my placement of both of my feet into my mouth, by supplying me with voluminous amounts of background material. As well, I would be remiss if I did not acknowledge the support and patient teaching I continuously receive from our unflappable Executive Director.

Respectfully submitted,



Jack H. Gryfe, D.D.S.
Government Relations Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Government Relations Committee with appreciation.

GOVERNMENT RELATIONS

APPENDIX A

SUMMARY OF ON-GOING ACTIVITIES

Schedule of activities and meetings for the period September 1987 - February 1988

CDA REP.	DATE	ORGANIZATION	PERSONS	TITLE	PURPOSE
Committee	Sept. 10	Canadian Human Rights Commission	Speaker: Gordon Fairweather	Commissioner	Pre-Board Government Rel. Dinner
B. Holmes	Sept. 28	Medical Services Branch	D. Nicholson W. Bedford L. McCafferty G. Lynch	Medical Serv. Branch	Discussion - Pilot Projection Utilization of Preventive Therapists
J. Neilson	Sept. 30	Privy Council Office	Ward Elcock	Assistant Secretary	
J. Neilson	Oct. 5	Public Service Commission	Ercel Baker	Executive Director - Staffing	
J. Neilson/ J. Gryfe	Nov. 6	Health & Welfare	Peter Glynn Greg Smith Joe Hauser	E.D.- F.C.A. A/Dir.Gen.	Infection Control/AIDS
J. Neilson	Nov. 10	Health & Welfare	Dean Pritchard Frank Sellars Mr. Benedickson	U of T - Law U. of Ottawa Lawyer	Committee on Liability Insurance Cost for Health Professionals
J. Neilson/ J. Gryfe/	Dec. 11	Health & Welfare	Greg Smith	Exec. Dir. Fed. Centre for Aids	Infection Control/AIDS

.../2

CDA REP.	DATE	ORGANIZATION	PERSONS	TITLE	PURPOSE
J. Gryfe	Jan. 7	Health & Welfare	Nancy Lepitre	Health Servs. & Promotion Branch	Organ Donation Program
J. Gryfe	Feb. 4	Correctional Services Canada	Health Committee		Internship Program
J. Gryfe	Feb. 15	Health & Welfare	W.R. Bedford S. Amer	Sr. Consult. Dentistry Adviser	Steering Cttee Oral Health Promotion

MEDICAL SERVICES WORKING GROUP

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members:

CDA	Dr. B.W. Holmes Dr. G.R. Thordarson Mr. J. Neilson
M.S.B.	Mr. D. Nicholson Dr. W.R. Bedford Mr. L. McCafferty Ms. G. Lynch

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

A meeting with Medical Services Branch was held on September 28, 1987 to discuss on-going issues of concern to the dental profession.

The main thrust of the meeting was to discuss the pilot project of the development and placement of dental preventive workers in remote villages. As Ontario region was selected by Medical Services Branch for this project, Mr. Larry McCafferty, the regional director for Ontario was invited to attend the meeting. Since then, a planning meeting to organize this concept was held in Winnipeg on December 1, 1987. The meeting was made up of representatives from Ontario and Manitoba Region, Sioux Lookout Zone, Ontario Dental Association, School of Dental Therapy and University of Alberta. Some progress was made and another meeting was called for March with specific duties to be carried out by that time.

The issue of claims processing was discussed and several items discussed to improve this process.

The issue of original lab invoices being required by Medical Services Branch was discussed. This issue has now been resolved and lab invoices will only be required in special circumstances and then photocopies would be acceptable.

The discussions between CDA and MSB continue to be co-operative and cordial. We are fortunate to have such direct access to the decision-making within the branch.

Respectfully submitted,

Bradley W. Holmes, D.D.S.
Chairman, Sub Committee on
Medical Services Branch

ADOPTION OF REPORT

The Board of Governors accepts the report of the Medical Services Working Group with appreciation.

COMMITTEE ON HEALTH CARE

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Committee Members: Dr. A. Toeman, Chairman, Montreal
Dr. T. Fantin, Trail
Dr. D. Sage, Woodstock

Executive Liaison: Dr. B. Sigfstead, Edmonton

Coordinator: Ms. J. Forsythe

1. Committee Meeting

The Committee on Health Care has held one meeting, on November 16, 1987, since the last Board Meeting. It was at that meeting that the structure of the former Council was changed to a Committee.

ITEMS REQUIRING BOARD ACTION

2. Guidelines for the Control of Radiation in the Dental Office

The CDA "Guidelines for the Control of Radiation in the Dental Office" have been reviewed and revised by the Canadian Academy of Oral Radiology. As this body has now endorsed the guidelines, they are being brought forward to the Board for approval.

APP. A

RESOLVED:

88.16 THAT the appended CDA "Guidelines for the Control of Radiation in the Dental Office" be approved.

ADOPTED

3. Statement on Treating Patients with Joint Prostheses

The Committee saw a need for increased awareness among general practitioners of the caution required in treating patients with joint prostheses.

APP. B

RESOLVED:

88.17 THAT the appended CDA Statement on the Dental Treatment of Patients with Joint Prostheses be approved as amended.

ADOPTED

4. General Anaesthesia in Dentistry

The Committee has spent a great deal of time considering the widely varying opinions across Canada on the use of general anaesthesia in dental offices. The Committee found it a challenge to develop principles which could be accepted both by provinces with training programs for dental anaesthetists and provinces primarily concerned about the single operator anaesthetist concept. The Committee recognized that educational preparation provided the grounds for a distinction which could be reflected in the policy statement.

APP. C

RESOLVED:

- 88.18 **THAT the appended Principles Governing General Anaesthesia be approved.**

DEFEATED

RESOLVED:

- 88.19 **THAT the Health Care Committee be requested to continue to work on Principles on General Anaesthesia to encompass the concept that the professional administering the general anaesthesia be separate from the professional performing the dental care and be appropriately qualified.**

ADOPTED

5. Committee Structure

The Committee has considered its new structure and feels that one more member should be added. All members agreed that the representative should be appointed from the Maritimes. The Committee therefore asks Executive Council to take this request into consideration and report back to the Committee.

The members have also decided that the issues they are dealing with are too complex for CDA to simply rely on their expertise in the development of policy. Thus, a system of corresponding members will be set up to assist the Committee.

The Board of Governors disagrees with the addition of a fourth member to the Committee and further directs that the system of corresponding members be implemented as soon as possible.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. Fluoridation

APP. D

Dr. Gary Jackson, CDA's Spokesperson on fluoridation, has reviewed CDA's policies on fluoridation and does not recommend that they be changed at this time. Support for this position is found in Appendix D.

7. Intravenous Sedation

The Committee has revised the "Guidelines on the Utilization of IV Sedation in Dentistry". These will now be sent out to select individuals for their expert opinions. It is expected that the revised document will be presented to the next Board of Governors Meeting.

8. Geriatrics

The Committee on Health Care is currently reviewing its potential to assist CDA in the identification of resources for the field of geriatric dentistry. There may be the opportunity in the future for cooperation with the Council on Hospital and Institutional Services in the development of resources to serve both community and institutional dentistry.

Respectfully submitted,

Andrew Toeman, D.D.S., Chairman
Committee on Health Care

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Health Care with appreciation.

GUIDELINES FOR THE CONTROL OF RADIATION
IN THE DENTAL OFFICE

INTRODUCTION:

Since the Federal Government maintains jurisdiction over the standards of construction and functioning of x-ray equipment, while its installation, registration and office design criteria for its use are promulgated by provincial legislatures, any guidelines developed by CDA for the use of x-radiation in the dental office should not deal specifically with legislative areas, but rather set forth standards of practice for dentists which reflect and demand professional competence and judgement.

General Guidelines

1. All x-ray equipment must conform to the Federal requirements of the Radiation Emitting Devices Act.
2. All equipment installation and room design criteria, e.g. with respect to wall insulation, (lead lining or equivalent) must be in conformance with provincial regulations. In the absence of existing provincial regulations in any particular jurisdiction, the dentist should refer to Health & Welfare Canada Safety Code 22, National Council on Radiation Protection & Measurements, Report 35, or the ADA Recommendations on Radiographic Practices, 1981.
3. All operators should possess an adequate knowledge of radiation physics, radiation hazards and be able to produce consistent radiographs of diagnostic quality with a minimum of overall radiation exposure. All operators should be licensed or certified according to a standard recognized by the provincial dental licensing body. Radiation Protection licensure may also have to be achieved through the dental associations.
4. It is highly desirable that a regular inspection program of x-ray equipment (usually 3 years) be carried out on a constant basis. It is recommended that a program of quality assurance be established in all aspects of radiological practice in the dental office on at least an annual basis.
5. It is highly desirable that the operator/owner request a radiological technologist, radiation physicist or similarly qualified person to perform a regular inspection of the x-ray equipment to assess radiation output and "normalize" the x-ray taking system; that is, ensure that existing exposure and processing conditions are producing radiographs within an acceptable exposure range.
6. An exposure guideline chart should be fixed near the x-ray timer indicating kVp, mA and the exposure time to be used for children, adults and edentulous patients.

7. The dentist should view exposed radiographic film under optimal conditions. A magnifying glass with the variable intensity viewer is desirable. Extraneous light should be minimized.
8. It is highly desirable that dentists enroll in continuing education in the many aspects of diagnostic radiology, physics of radiology and radiation biology.

PROTECTION FOR OPERATORS:

Any female operator who suspects or knows she is pregnant must be assured that for the duration of her pregnancy she will experience minimum radiation exposure.

Operators in Training

1. Students in radiography training programs must work under the supervision of a licensed dentist.
2. Students in radiography training should be 18 years of age. Any student less than 18 must not receive any occupational radiation as spelled out in Safety Code 22, Health and Welfare Canada .
3. Students must not be exposed to the primary X-Ray beam.
4. Deliberate exposure of an individual for training purposes must not be performed.

GENERAL GUIDELINES FOR OFFICE PERSONNEL:

1. A room must not be used for more than one x-ray procedure simultaneously.
2. Persons not essential to the radiologic procedure must not be in the room during the patient exposure.
3. When the operator has no shielding, i.e. cannot leave the room, he/she should stand between 90° and 135° to the primary beam and 2 meters from the subject being radiographed. There is no requirement, in a dental workload, for the operator to wear a protective apron.
4. The dental film should be fixed in position using a holding device.
5. If parents or escorts are called to assist, then protective clothing should be worn by those persons.
6. The x-ray housing must not be held by the hand during operation.

7. All dental personnel involved in the taking and processing of radiographs should wear personal dosimeters. If continuous use is not felt necessary, then periodic use is recommended to ensure that the current radiologic practice is exposing personnel to acceptable radiation limits as defined in Safety Code 22.
8. In situations where personnel record any radiation on a regular basis on the dosimeter badge, remedial steps must be taken to correct the situation, as the normal situation for good dental radiology should be nil.

GUIDELINES TO PROTECT THE PATIENT:

The risk to the individual patient from a single dental radiograph is very low. However, the risk to a population is increased by increasing the frequency of radiologic examinations and by increasing the number of persons radiographed. Every effort should be made to minimize the amount of radiation required necessary to diagnose the situation.

1. The prescription of a radiologic examination by a licensed dentist must be based on a clinical examination for the purpose of obtaining information not readily available from other sources.
2. The justification for taking dental radiographs must be determined by a perceived need to obtain specific information which could contribute to diagnosis or prevention rather than utilizing the concept of the routine periodic examination with or without examining the patient.
3. One should determine if any recent radiographs are available and see if those are adequate.
4. When a patient changes dentists and diagnostic information is sought which might have been available on previous radiographs, then the new dentist should attempt to obtain such radiographs, rather than routinely issue a new prescription for radiographs.
5. The number of radiographs required should be kept to the minimum, consistent with obtaining the required diagnostic information.
6. Operators should select films of a speed and quality that will permit the production of radiographs of an acceptable diagnostic quality with minimum exposure of the patient to radiation.
7. The quality of radiographs should be monitored routinely to ensure that diagnostic requirements are met.

8. The decision to repeat films should not be based on ideal technical requirements as past practice, but rather be based on a lack of required diagnostic information as prescribed.
9. A lead apron and thyroid collar must be used when exposing intra-oral films.
10. The x-ray beam for intraoral radiographs should be collimated so that it irradiates only the minimum area necessary for the examination. Under no circumstances should it be in excess of 7 cm. (2-3/4") at the level of the skin. Rectangular collimation is now available and dental machines should be converted to it as training of staff permits.

X-Rays and the Pregnant Patient

In dental radiology, good radiological practice reduces the foetal dose to an acceptable minimum and does not constitute a significant hazard, however

Elective procedures should be deferred until after pregnancy.

CONCLUSION:

There is really no known "safe" level of radiation exposure. The frequency of a radiological examination is a matter of clinical judgement. The selection of equipment and techniques used is the decision of the dentist. The aim of these guidelines is to ensure that dental offices comply with the ALARA (as low as reasonably achievable) principle and keep the amount of patient radiation exposure at as low a level as possible given current accepted radiological practice.

Approved by the CDA Board of Governors
March 1988

APPENDIX "B"

STATEMENT ON THE DENTAL TREATMENT OF PATIENTS WITH JOINT PROSTHESES

The CDA urges dentists to become aware of the evidence of the causes of failure of prosthetic joints.

Dentists treating patients with prosthetic joints are therefore urged to follow these procedures:

1. If possible, all currently required dental treatment should be completed before joint replacement;
2. In a patient who already has a joint prosthesis, his orthopedic surgeon should be contacted to determine the prophylactic antibiotic coverage thought most indicated;
3. After a dental procedure, a patient should be informed that, if any problems develop in a prosthetic joint, despite prophylactic antibiotic coverage, he should immediately contact an orthopedic surgeon, as rapid action may be vital to the salvage of the prosthetic joint.

The Canadian Dental Association encourages further research in the optimum treatment of patients with joint prostheses and will continue to make information on this topic available to Canadian dentists.

Further information can be found in the following resources:

Jacobson, J.J., Matthews, L.S., Bacteria Isolated from Late Prosthetic Joint Infections: Dental Treatment and Chemoprophylaxis, Oral Surgery January 1987.

Jacobson, J.J., Millard H.D., Plezia, R., Blankenship, J.R., Dental Treatment and Late Prosthetic Joint Infections, Oral Surgery April 1986, Vol. 61, No. 4.

Jaspers, M.T., Little, J.W., Prophylactic Antibiotic Coverage in Patients with Total Arthroplasty: Current Practice, JADA, Vol. III, December 1985.

Howell, R.M., Green, J.G., Prophylactic Antibiotic Coverage in Dentistry: A Survey of Need for Prosthetic Joints, General Dentistry, July-August 1985.

Mulligan, R., Late Infections in Patients with Prostheses for Total Replacement of Joints: Implications for the Dental Practitioner, JADA, Vol. 101, No. 1, 1980.

Approved by the CDA Board of Governors
March 1988

APPENDIX "C"

Canadian Dental Association

Committee on Health Care

PRINCIPLES GOVERNING GENERAL ANAESTHESIA

1. General Anaesthesia in a dental office must be administered in accordance with provincial guidelines. Where these do not exist, provincial associations are encouraged to undertake their development as soon as possible.
2. A dentist who chooses to administer a general anaesthesia must have taken a provincially recognized, formal degree or diploma program in anaesthesia, of at least 12 months' duration.
3. General anaesthesia must be administered in a team context and the presiding dentist must accept responsibility for the adequacy of the facility, monitoring protocol, emergency management equipment, and the qualifications and performance of any professional administering the anaesthesia.

APPENDIX "D"

FLUORIDATION

After a careful reading, re-reading of the latest literature on both the effectiveness of water fluoridation and the recent caries decline in industrialization nations, I cannot recommend any change in the current CDA policy on water fluoridation. It is my opinion that the enclosed paper by Dr. V. Richmond says it all.

In the interests of expediency I would ask that you forward a copy of this paper, Dr. Richmond's, to Dr. Ralph Crawford asking him to get the author's permission to reprint it in the CDA. If Ralph wants I am prepared to write a short introduction or rather forward to this paper when it appears in our Journal.

I look forward to reading with you and wish you all the best in the New Year and all the years to follow.



Thirty years of fluoridation: a review¹⁻⁴

Virginia L. Richmond, PhD⁵

ABSTRACT Fluoride contributes to stability of both teeth and bones and to reduction of caries, especially if ingested before eruption of teeth. Reduction of caries continues at about 60% in persons drinking fluoridated water only as long as fluoride washes over teeth. One-half the population of the US does not have access to water with an optimal fluoride concentration of about 1 mg/L. Misinformation about fluoridation contributes to reluctance of communities to supplement the natural but inadequate fluoride of those water supplies. Fluoridation of water has no positive or negative effect on incidence or mortality rates due to cancer, heart disease, intracranial lesions, nephritis, cirrhosis, mongoloid births, or from all causes together. The collective decision to increase the natural fluoride content of water supplies is not an infringement of civil rights, nor does it establish a precedent in the binding sense of the law. Supplemental fluoride in water makes it available to all members of the community in a safe, practical, economical and reliable manner. Fluoridation saves money in dental costs and time lost from work. Fluoridation is an appropriate action of government in promoting the health and welfare of society. *Am J Clin Nutr* 1985;41:129-138.

KEY WORDS Fluoridation, nutrient, fluoride misinformation, caries reduction, stability of bone

Introduction

The wholesomeness of the community water supply is governed by law (1). Therefore, supplementation of the fluoride which occurs naturally in public water supplies is a political and potentially controversial public health policy (2, 3, 4, 5). Much of the debate centers around questions of safety and the appropriateness of using the public water supply to overcome any fluoride deficiency (2, 3, 6, 7).

Even though, as of 1977, approximately 35,000 papers had been published by scientists in a period of thirty years verifying the effectiveness and safety of water fluoridation (8, 9), questions are still being asked by those who oppose fluoridation and think that science has failed to provide answers (4, 5). It is essential that all evidence be presented to lay persons in a readily understandable form to allay fears based on misinformation (2, 7, 10).

Fluoride as a factor in food to promote reduction of carious teeth was known in 1892, when Sir Crichton-Browne advocated augmentation of what he called the "refined diet" of his era to re-incorporate the extracted fluoride (11). However, fluoride in water and not food was found to be a dental health factor by epidemiologists seeking the etiology of "brown stain" on otherwise healthy teeth (12, 13, 14, 15). The value judgment implicit

¹ From the Pacific Northwest Research Foundation, 1102 Columbia Street, Seattle, WA 98104

² Supported in part by a contract from Kennedy Engineers, Inc., Tacoma, WA and San Francisco, CA.

³ Presented at the American Institute of Nutrition Symposium on "Nutrition Misinformation," Atlanta, GA April 13, 1981 and updated to 1984.

⁴ Address reprint requests to: Virginia L. Richmond, PNRF, 1102 Columbia St, Seattle, WA 98104.

⁵ Research Associate.

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in the language of this early epidemiological literature, although unsubstantiated by subsequent research (16, 17), may be the basis of much of the public confusion concerning the effects of fluoride in drinking water (2, 3).

The purpose of this paper is to provide some background information on fluoride; to clarify some of the misinformation about fluoridation by providing historical perspective on the determination of the health benefits of fluoride for teeth and bones, including some of the possible origins for current misinformation; to provide information on the physiological and therapeutic levels of effectiveness of fluoride; to discuss the safety of fluoride and fluoride supplementation of the community water supply as an acceptable, collective measure; and to indicate the high cost of misinformation in extra costs in health care which result from the low fluoride content of our water supplies.

Occurrence and present status of fluoride

Fluoride is present in soluble and variable amounts in all soils and therefore in all water. It is present in the plants and animals which humans eat for food (18). The fluoride concentrations in domestic United States water supplies vary from 0.1 to 10 mg/L (19–21). Sea water contains fluoride at 1.0 to 1.5 mg/L which results in a uniform concentration in seafood.

Like several trace elements, such as copper and magnesium, fluoride is classified by the National Academy of Sciences as an essential nutrient for body function in that no other element can replace it (22). Unlike other elements for which food is the major source, water is the most practical, consistent and effective source of fluoride as the washing over the teeth promotes partial and continued resistance to dental caries but only as long as the fluoridated water washed over the teeth (10, 13, 23–25). Fluoride imparts hardness to hydroxyapatite of bones which is retained by continued ingestion of fluoride (8, 25–27).

Historical perspective

The correlation between fluoride content of water and improved dental health was discovered accidentally by epidemiologists during the late 1800's and early 1900's in

their search for the component(s) in the diet which caused brown staining of otherwise healthy teeth in people who lived in certain localities (15, 28–32). In 1929, water was identified as the source of the component (32). In 1931, in Churchill's laboratory, the component was identified as fluoride (33).

During the 1930's, chemical analyses to determine the fluoride levels were made of water in areas previously studied where brown staining of teeth occurred (12, 29, 30). Fluoride concentrations of 2 to 10 mg/L of water were found naturally in many plains, southwestern and southeastern states (29–31). No deleterious health effects were observed, other than cosmetic staining of tooth enamel when water was ingested before tooth formation, in a sample of approximately three million people living for a lifetime in those areas (15, 25, 30, 34, 35).

Dean (15, 29–32) and many others (12, 17) in carefully prepared and executed epidemiological investigations determined that when natural fluoride content of water was about 1 mg/L in a temperate climate, caries were reduced 50 to 60% when fluoride ingestion began before eruption of permanent molars. Cosmetic "white spots" on teeth associated with somewhat higher fluoride concentrations were not discernible (15, 28–30).

In the United States, beginning in the 1940's, communities which had a water supply with fluoride content from 1.5 to 10 mg/L reduced the content to about 1.0 mg/L adjusted for seasonal temperature variation (36). Other communities which had a water supply with sub-optimal content of less than 1 mg/L voted to supplement the natural fluoride in the water (31, 36, 37). Fluoridation has been a public health issue since that time (7, 20, 25, 31).

Unfortunately, many of the early papers which were otherwise scientifically accurate discussed "fluorine" rather than the ionic component in water "fluoride" (12, 15, 17, 28–30) because fluorine, a gas, can be poisonous in small amounts, just as chlorine gas can be. Because fluoride compounds were then used in insect poisons, the specter of a poison was raised in some minds of the public (2–5, 38).

This specter was perhaps reinforced by the use in this early literature of such terms as

"toxic," "disease," "endemic," "low grade chronic fluoride poisoning," "fluorosis," and "mottling" when discussing cosmetic changes in children's teeth as a result of ingesting 6 mg fluoride/L prior to tooth eruption, but not after (29). The investigations described in the paper just quoted are scientifically sound. The paper is cited only as being indicative of the value-judgmental terms used in early literature which are now being used by a misinformed segment of the public (2-5). These erroneous terms appeared in the literature for about forty years.

At other times, members of the medical profession have used facetious terms (in their opinion) which only confuse and alarm some of the public as exemplified in the title "Please Pass the Roach Poison" of an otherwise fine editorial which approved of the health effects of fluoridation of water (38).

"Mottling" of teeth is perhaps one of the most unfortunate terms and its use has caused much confusion because diagnosis was based on a presumed etiology of fluoride (28). Mottling, colored spots on teeth, is produced by factors other than fluoride and is actually reduced by ingestion of fluoridated water prior to tooth eruption (16, 17). Al-Alousi et al (16) clarified the term using a new classification approach based on the sound epidemiological principals that the recording of any condition once defined must be made on the basis of that definition and not on the basis of presumed etiology.

Recent papers by epidemiologists present the findings in positive terms which are easier for non-epidemiologists to understand and which are still scientifically correct (39, 40).

Effectiveness of fluoride

Fluoride ingested at optimal levels before eruption of permanent molars reduces caries an average of 50-60% (12, 13, 15, 19, 24, 31). Variables unrelated to fluoride intake, such as calcium and protein intake, cariogenic diet, and health care affect the incidence and severity of caries, thereby diminishing the precision with which protective effects of fluoridated water can be quantified (20, 23, 35, 41, 42).

Reduction of caries continues at 50 to 60% only if fluoride in water at approximately 1 mg/L washes over teeth for the lifetime of the teeth (19). If fluoride is withdrawn caries

becomes more prevalent, although not to the extent which would have occurred had there been no exposure to fluoride in water prior to the eruption of the teeth (13, 19, 24, 43, 42). This is because fluoride is effective at two stages for formation and maintenance of healthy teeth and bones (41, 42, 44, 45). In the first stage of tooth development, systemic fluoride is incorporated into tooth structure prior to eruption and into bones at all stages of calcification (25, 31, 35, 42).

The second beneficial stage occurs after eruption of teeth and is related to the topical effect of fluoride in the drinking water washing over the teeth and becoming incorporated into crystal spaces (21, 42). Incorporation into bones and teeth continues until age fifty, at which time most spaces available to fluoride in the hydroxyapatite structure are filled (42). However, mineral repair processes continue to function and these require fluoride (46).

Additionally, in children, there is a reduced incidence of malocclusion, or improper meeting of the jaws and teeth because premature extraction of teeth is decreased by approximately 75% (23, 43). In adults, severe localized alveolar jawbone destruction leads to even greater loss of teeth than is caused by dental caries (25) and can be ameliorated by adequate fluoride in the water.

Among people living for a life-time in areas where the fluoride content was 3.5 mg/L (8) or 8 to 10 mg/L women experienced reduced vertebral fractures and men reduced abdominal calcifications (26, 34, 35). The total ingestion could be from 5 to 16 mg daily. The possibility of reduced aortic calcification in men and the relationship between fluoride and magnesium in lessening calcification of soft tissues needs immediate study (8, 47).

Therapeutic uses of fluoride

The contribution of fluoride to increased hardness of bones led many investigators in the last fifteen years to administer fluoride at therapeutic levels to elderly patients with osteoporosis (18, 27, 48) and with osteoporotic syndrome (50, 49).

Treatment of some osteoporosis patients with 30 to 60 mg fluoride daily, adjusted to maintain a serum level between 5 and 10 μ M, reduces the incidence of fractures, if

adequate calcium is administered and therapy is continued for at least three years (51). Bone strength may be increased with some loss of elasticity (51, 50). Increased plasma alkaline phosphatase levels are found suggesting that osteoblastic activity is stimulated with fluoride and calcium therapy (48, 52). Parathyroid hormone does not appear to be involved in the increased osteoblastic activity (52). Therapeutic levels of fluoride appear to reduce bone resorption, but may do so by affecting mineralization (49).

Lack of side effects at 30 to 60 mg of fluoride daily, or amelioration by adjustment of dosage or use of enteric coated capsules (48-50, 52-55) is noteworthy, in view of opposition to water fluoridation at 1 mg/L (4). Moreover, more than 4,000 patients with otospongiosis of the cochlear capsule have been administered moderate doses of fluoride, 22 to 36 or 60 mg daily, for up to 10 years, with general improvement of symptoms in about 80% of the cases and with few side effects (49, 50). More data are needed to determine the vertebral bone mass required to achieve optimal results and before general application of treatment to some osteoporosis patients is begun with therapeutic levels of fluoride (48, 51, 52).

Epidemiologic data suggest that much smaller intakes of fluoride than therapeutic levels at a younger age and over a longer period of time have beneficial effects, but do not entirely prevent the appearance of osteoporosis (8, 26). Bone resorption is apparently a process of aging which begins at about age forty and may be nearly irreversible (8). Identification of factors involved in prevention rather than treatment is needed (8, 21, 25, 26, 56).

Is fluoride then harmless?

Fluoride is like other nutrients and minerals; there is a toxic level (17, 57). Acute toxic doses of fluoride for humans are of the order of 2.5 to 5 g, if consumed at one time. This is from 42 to 84 mg/Kg for a 60 Kg adult, 5 and 10 g, respectively, as sodium fluoride (17). Effects of non-toxic doses have been described by two investigators who ingested approximately 114 mg fluoride at one time (250 mg NaF) for experimental purposes (17). Slight nausea and epigastric distress lasted about five hours in one case and 24

hours in the other; salivation was intense for about 30 minutes and ceased in an hour and a half; an intense itching sensation in the hands and feet lasted for about one week in one investigator. Assuming a body weight of 60 Kg the intake was approximately 1.9 mg F/Kg at one time. If water containing 8 mg F/L is ingested this represents about 0.27 mg/Kg for 2 L daily, as is done by some lifetime residents of some Texas cities (26, 34). At 1 mg F/L an adult (60 to 72 Kg) ingests about 0.028 to 0.033 mg/Kg from 2 L of water. For comparison, drinking one cup of tea represents an intake of 1 to 4 mg fluoride (20, 21, 31).

Margin of safety

Roe (57) discussed nutrient toxicity with excess intakes of iron and copper in terms which are applicable to fluoride:

"Dietary components which exert physiological functions and which therefore may be characterized as nutrients, can exert adverse effects when consumption exceeds the optimal level . . . the actual occurrence and severity of toxic effects depends not only on the level of intake, but also on the ability of the body to eliminate the nutrient excess. . . .

In introducing these topics it is important to realize that many of the circumstances including mineral overload are rare, and great caution should be placed on any interpretation which suggests that because a particular mineral excess under specific condition be dangerous, therefore ingestion of such a mineral should be minimized. Such an inference may be considered as a *reductio ad absurdum*, but in this period of the fluoridation controversy and discussion of food additives it must be mentioned. . . .

Symptoms of intoxication due to excessive mineral intake appear only to occur under peculiar circumstances. In general, large differences exist between the nutritional requirements for any given mineral and the toxic dose. Even if the dietary intake is high, absorption and retention are conditioned by physiological requirements." (57).

Lack of fluoride effect on disease and/or mortality rates

No effect of fluoride at 1 mg/L in drinking water has been shown to be positively or

negatively related to disease or death rates (3, 21, 39, 58). Numerous studies made in cities before and after initiation of supplemental fluoridation showed no changes in death rates from cancer, heart disease, intracranial lesions, nephritis, cirrhosis, or from all causes (3, 39, 58, 59). The good health and longevity of about seven million residents in the United States who lived for several generations where the natural fluoride concentration was 2 to 10 mg/L of drinking water attest to the lack of harm (26, 28-30, 32, 34, 35).

Although opponents of fluoridation have cited evidence in support of increased incidence of mongoloid births (Down Syndrome), cardiovascular disease and cancer after supplemental fluoridation of water supplies (4, 5), such studies have subsequently been shown to have omitted critical explanatory variables or to have failed to record all pertinent data (3, 39, 40, 58-62).

For example, in some cities with fluoridated water the population is older than in non-fluoridated cities (34, 35). Older persons die of cancer and heart disease more often than younger persons and the data must be corrected for age distribution (39, 58-62). Other corrections often omitted by those who oppose fluoridation are sex, race and socioeconomic factors (4, 5).

No effect on mutagenesis

Fluoride has been shown to not have a mutagenic effect on chromosomes in either in vivo studies in cattle (63) or mice (64) or in vitro studies (63, 64). Published reports stating that fluoride is an antimutagen (65) have been corroborated by others who suggest a trivial reason for the antimutagenic effect, that fluoride prevented uptake of the mutagen (66).

Fluoride is not of the class of electrophilic compounds capable of interacting with desoxyribonucleic acid, nor is it likely that fluoride at tissue levels from the low quantities ingested would interfere with enzymic action during DNA replication (55).

Lack of allergic response

Fluoride has been purported to cause "allergic response" at 1 mg/L in water or when 1 mg fluoride is administered in tablet form (4, in 2, in 3). A review of the scientific

literature fails to provide any scientific evidence for the allegation. On the contrary, studies with several thousands of children receiving sodium fluoride in tablet form for several years carry no report of allergenic response (67).

No allergic response to fluoride has ever been described among the world's billions of consumers of the fluoride-rich beverage, tea which provides 1 to 4 mg fluoride per cup (31, 20, 21).

Several hundred patients with multiple myeloma were treated with 50 to 100 mg of fluoride daily, in divided doses, for up to 70 months (53, 54). Similar side effects occurred in control patients receiving placebos with the same frequency as patients receiving fluoride (53). Although the therapeutic effect on myeloma is still uncertain, the lack of excess side effects attributable to fluoride is important (53, 54).

Following such allegations as Waldbott's (4) that urticaria is a "common manifestation of the disease," the American Academy of Allergy evaluated the issue and concluded, unanimously: "There is no evidence of allergy or intolerance to fluorides as used in the fluoridation of community water supplies." (3).

Kidney effects not found

Fluoride has been purported to cause kidney damage perhaps because of its excretion in a hydrated form as though it were water (68); and perhaps because of animal experiments which have used several hundred to thousand times human intakes (69). At these high levels, if the animals survived, there was some tubular degeneration (69).

Experiments on non-humans at such excessive levels are irrelevant to a determination of metabolic effects of fluoride at the low levels ingested in fluoridated water by humans (55). However, these experiments have been used to substantiate claims of "fluoride toxicity" as pertinent to water supply levels (4, 69).

One carefully controlled study using the most sophisticated methods available of early fluoride supplementation of domestic water supplies, determined that the differences between the two groups of twelve year old boys from a community where the water was essentially fluoride-free and one in which the

water supply had been fluoridated for eight years tended to favor the children who had been living with fluoridated water as being in the healthier range (37).

Again, unfortunately, the abstract for this article contains the sentence which has been quoted directly by opponents of fluoridation, "The Newburgh (fluoridated water) boys did not differ significantly from the Kingston (non-fluoridated water) boys in incidence of abnormal findings" (69). The implication that the Newburgh boys were "abnormal" but not statistically significantly so is of course erroneous, as reading the complete article makes clear.

Studies of aluminum workers over 15 years have not shown evidence of kidney damage where fluoride intake occurs by inhalation and with post-working shift urinary fluoride of less than 7 mg/L (70-72). No kidney changes were found in life-time residents where water contained fluoride at 8 mg/L (25, 34, 35, 55) or in osteoporotic patients treated with 20 to 50 mg fluoride per day (26, 35, 54).

In hemodialysis, the fluoride concentration as well as other minerals in the dialysis solution, should be controlled (20). A kidney abnormality sufficient to impair normal fluoride excretion would probably prove fatal prior to development of high fluoride levels, since toxic body metabolites could not be satisfactorily excreted (20, 32).

Lack of parathyroid effect

Because fluoride is deposited in hydroxyapatite of bones as well as teeth, it has been suggested as having a deleterious effect on bone by enhancing the process of bone resorption (in 4). The mechanism would presumably be by stimulation of parathyroid secretion. Parathyroid hormone exerts a direct effect on bone resorption by increasing osteolysis around large osteocytes and by stimulating the development of osteoclasts from cellular precursors (73).

In fact, administration of excessive amounts of parathyroid hormone to marmosets which had been given water containing either 50 mg/L or no fluoride, indicated a protective action of fluoride in preventing resorption of alveolar bone (73). Therapeutic levels of fluoride do not increase parathyroid levels in humans with osteoporosis (52).

Roholm (74) did not find bone resorption in individuals who may have inhaled 20 to 80 mg fluoride daily for 10 to 20 years.

Several reports have indicated that fewer fractures in older residents of North Dakota and Texas, consuming 4 to 8 mg F/L in a life-time residency, may be attributable to a protective action on bone resorption by the fluoride although the concentration of parathyroid hormone was not determined (8, 26).

Metabolic experiment: one example

Recent studies of a metabolic nature suggests that fluoride at physiological levels activated the adenylate cyclase system which is a mediator of hormone effects (75). Continued research is needed to examine the relationship between fluoride, magnesium and calcium in possible reduction of soft tissue calcification (8, 26, 47).

Clearly we are learning more about fluoride metabolism, rather than trying to ascribe a cause and effect role for fluoride. Much more investigation of a metabolic type needs to be done to determine how best to have this element contribute to our well being.

Chronic effects of fluoride

Interpretations of chronic effects of fluoride by detractors also depends on citing statements and work out of context (4, 5). Chronic effects of mild osteosclerosis (abnormal hardening of bones) may result from 20 to 80 mg fluoride if ingested daily for 10 to 20 years (31, 74). A report by Roholm (31, 74) about individuals who worked in a cryolite (sodium aluminum fluoride) plant is often cited as evidence that fluoride causes "Toxic reactions in bone and soft tissue. . . . Resulting in bone destruction and calcification of ligaments" (in 4).

Roholm reported a study of 68 cryolite workers, of whom 50 had slight or moderate sclerosis; seven others who had advanced skeletal changes also had some calcification of ligaments and tendinous insertions (31, 74). Minor gastro-intestinal and joint symptoms were frequent in otherwise healthy individuals. Except for restricted mobility of the spine of the most severely affected workers, the physical examination and tests of blood and urine were "not remarkable" suggesting that no kidney damage occurred. Roholm reported "All signs of bone destruc-

tion are absent from the picture" (56) suggesting the lack of parathyroid effect on resorption.

The unusual changes described in the Roholm report have typified the "effects of fluoride exposure" used by detractors (4). These findings, taken out of context, and their erroneous interpretation by others (4, 5) represent a bias in the assessment of the effects of physiological fluorides similar to the early bias in the "discovery" that fluoride causes "mottling" of teeth. This bias has pervaded the evaluation of data concerning domestic water supplies containing trace amounts of natural or added fluoride (2, 3).

Total fluoride intake and margin of safety

Concern has been expressed about the total fluoride content of diet, water and air intake reaching levels which might be deleterious if water is fluoridated at approximately 1 mg/L (4). Daily ingestion of fluoride in food and water accounts for substantially all the fluoride intake, from 0.2 to 0.6 mg from food unless unusual amounts of seafood or beverage tea are consumed, and from 1 to 2 mg from water (10, 20, 76). Urban air usually contains less than $1.0 \mu\text{g}/\text{m}^3$ (76). An adult breathing 20 m^3 in 24 hours could inhale 0.02 mg fluoride, an insignificant amount.

Some industrial processes can release fluorides into the air in the plant and downwind of the industry. The National Institutes of Occupational Safety and Health (NIOSH) 1975 Criteria and the Occupational Safety and Health Administration (OSHA) standards of $2.5 \text{ mg}/\text{m}^3$ for "inorganic fluorides" and "HF" allows a safety factor for fluoride (76). A maximum exposure at this level would be equivalent to drinking water containing 8 mg F/L for a lifetime; a level which does not cause development of osteosclerosis after 10 to 43 years occupation exposure (26, 34, 71, 72, 76).

Humans living for 15 years in areas downwind from industrial plants have not shown bone changes and only slightly increased fluoride excretion (14, 70). Food preparation processes for humans remove surface dust from local vegetation, thereby not contributing to increased intake by ingestion (77).

The margin of safety for fluoride ingestion appears to be about 100 to 1 between the dosage effective in reversing osteoporotic

lesions in the elderly and a toxic level for adults who are not forming teeth. This level of safety is about the same as for aspirin in relieving a headache (9, 50).

Is the decision to fluoridate community water supplies a collective measure which can be tolerated by the population?

Fluoridation of the drinking water has been perceived by some as a "medication" rather than supplementation of a natural component (78). Opponents of fluoridation argue that supplemental increases to optimal levels constitutes an infringement of civil rights and sets a precedent for subsequent addition of harmful components to water (78). Fluoride does not cure any disease. Fluoride is not a medicine. It is a nutrient which enhances the stability of teeth and bones and is a partial preventative of caries and hardens bones (41, 42, 44).

That fluoridation sets a dangerous precedent was refuted by the Honorable Malcolm Peter Crisp, a Justice of the Supreme Court of Tasmania (6): "I suggest that it is a confusion of thought to allow values to be determined by secondary characteristics. The question is: what is benefit and what is detriment? If it be beneficial, then to reject it because it might constitute a 'precedent' is the argument of timidity. . . . In the sense of providing a reference point in future discussion, fluoridation would constitute a precedent. In no way could it be said to be a precedent in the binding sense (it is a matter of decision of elected representatives which cannot bind future elected officials) in which the term is used in the law."

The question of how far the rights of individuals in a given society should be curtailed in the public interest is one which constantly recurs in the political sphere (2, 7). An individual's right to live life as she or he pleases in our society supposes a balance, consideration of the risk and benefit to others, and of safety and effectiveness. Government acts in a myriad of ways to protect the rights and welfare of the general populace and fluoridation of water is an economical and sound contribution to a healthy society as a whole.

Cost of lack of water fluoridation

Since adjustment of fluoride content of water supplies, either up or down, began in

the United States in the 1940's, approximately 50% of the residents, served by 13% of the water districts, have voted to have access to community water with approximately 1 mg fluoride/L (36, 79). Of this 50%, approximately 10% have access to supplies with natural fluoride content between 1 and 4 mg/L. This leaves approximately 110,000,000 people with a fluoride deficiency in the water supply. These residents are in 87% of the water districts which do not supplement the natural fluoride content of water (79). If each of these 110,000,000 residents had two untreated carious teeth, a lower limit, one of which could have been prevented by a modest supply of fluoride, the cost of non-fluoridation may be estimated at \$3 billion for fillings alone (see 23). In 1968, Hegsted reported an estimated one billion untreated carious teeth in the United States making the cost of deficiency of fluoride even higher (8, 23). Costs of non-fluoridation were estimated at \$8 billion in 1978, in time lost from work, not including fillings of teeth (2). Alternatives to water fluoridation are available but are more expensive than water fluoridation and long-term compliance is seldom attained (67).

Scientific data is available to be given to the lay public in terms which can be understood, but there is still reluctance on the part of the health professional to become involved in the political process (2, 7).

Recent recommendations for Dietary Goals for England included optimal use of fluoride in drinking water and prevention of rickets and osteoporosis (17). In the United States the National Research Council of the National Academy of Sciences recommends fluoridation of public water supplies to about 1 mg/L for partial prevention of dental caries (22).

The Report of the Director-General, WHO, to the 28th World Health Assembly in 1975, states that "fluoridation of communal water supplies should be the cornerstone of any national program of dental caries prevention" (56). A further recommendation was that studies be made of increased fluoride intake after permanent tooth eruption as a means of improving the quality of the skeleton (56).

It may well be that the advantages which accrue to older people consuming appropriate quantities of fluoride during their early bone

and teeth formation periods, may have as much significance as does the prevention of dental caries in children (8, 25, 80). 

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MEMBERSHIP COMMITTEE

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Gilles Dubé, Chairman, Lachute
Dr. Bill Rosebush, Vancouver
Dr. Kevin Roach, Pembroke

Staff Members: Joel Neal, Director of Administration
Linda Teteruck, Director of Communications
Lydia Allison, Membership Secretary

1. Committee Meetings

The meeting of the Membership Committee took place at the Ottawa Headquarters, Thursday, September 10, 1987. This was the first meeting of the restructured Membership Committee. The meeting was chaired by Dr. Ralph Crawford who was Chairman at that time.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Review of Goals and Objectives

As this was the first meeting of the newly structured Membership Committee, the stated goals and objectives of the Committee were reviewed and discussed at some length. Members expressed concern that the objectives were loosely worded, without a specific level of growth being stated. Further, the ability to measure success or failure would be difficult without a good, structured database of statistics. Hence, staff were directed to develop a broad range of statistics on membership and membership growth over the past five years and to maintain such a statistical database in future.

Still on the subject of goals and objectives, members questioned the role of the Committee in dealing with such issues as corporate fee payments and member counts for Board of Governors representation. While it was noted that technically such issues were outside the mandate of the Committee, the members concluded there was a need to review the aforementioned issues and the Membership Committee was a logical body to conduct such a review. In the least, they could recommend action to Executive Council.

3. Analysis of Membership Survey

Early in 1987, the Membership Committee commissioned Dr. Stephen Kline of York University to conduct a survey on dentists' perception of the value of CDA membership. The completed report was reviewed at the meeting. The data pertained to Toronto area dentists only and the Membership Committee may conduct a similar survey itself through the mail in other centres throughout Canada.

The survey report confirmed suspicions held by members of the Membership Committee in a number of areas. Among the observations were that recent graduates were not maintaining membership in the organization after their student years, that dentists held a variety of different philosophies towards membership in the CDA with some looking for a strictly professional organization while others looked for "value for their dollar". Another observation was the definite need to improve the communication between CDA and the dentist population, not only to announce programs and services offered by the Association, but to maintain an ongoing communication link. It was interesting to note that of some 100 dentists who had not renewed their CDA membership, some 27+ thought they were members of CDA.

The results of the report will be used in formulating the 1989 and subsequent membership campaigns. In addition, the Committee will actively pursue the development of new membership services aimed at providing value for membership dollars.

The Committee will also study the issue of staggered fees for recent graduates, a benefit recently introduced by the American Dental Association, in order to encourage this key group to retain membership.

4. 1988 Membership Campaign

APPENDIX I

The 1988 Membership Campaign was kept relatively simple and restricted to the budgeted funds available. It was principally a paper campaign consisting of three mailings to dentists in Ontario and Quebec, as well as advertisements placed in the CDA's own Journal and the Ontario and Quebec journals. Letters from the President were included in each mailing. As well, a brochure was included in the second mailing. Copies of these items are appended. A third and final mailing will be processed in January, including a letter to those dentists who have not renewed their membership stating that their membership expired and urging them to renew.

and final mailing yet to be processed, the objective of maintaining the same level of membership in the voluntary provinces will be achieved.

5. The 1989 Campaign

In preparation for the 1989 Campaign, the Membership Committee is in the process of developing a "business plan" utilizing accepted marketing principles. The Committee will meet again in May 1988 to formulate their strategy for what should be a more aggressive campaign.

6. Non-Member Premiums for CDA Services

The Committee considered the issue of developing price lists for CDA services in relation to membership. Most CDA services are available to non-members, normally with a surcharge added to the price. The Committee recommended that all items sold by CDA for less than \$100 carry a non-member surcharge of 100% and items sold at a price greater than \$100 carry a mark-up of between 50% and 100%. Further, the mark-up should be applied to all items including seminars, pamphlets and library services.

7. Life and Supporting Membership Applications

APPENDIX II

The Committee briefly reviewed current applications for life and supporting memberships in the organization. It was agreed the list should be sent to the various corporate bodies with a request for a written response indicating whether or not there were any applicants who should, for whatever reason, not be approved. The list is attached.

Executive Council approves the applications for life and supporting membership status subject to corporate body ratification.

Respectfully submitted,

Gilles Dubé, D.D.S.
Chairman,
Membership Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Membership Committee with appreciation.



APPENDIX I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

September 29, 1987

Dear Colleague,

As your newly elected President, I take great pleasure in inviting you to renew your membership in CDA.

For over eighty years, the Canadian Dental Association has ably represented the dentists of Canada. Over these year the organization has evolved by acting and reacting to the demands of the profession. This is a continuing process and in the year ahead we will see some new ideas come to fruition.

Our Journal will soon sport a fresh new look resulting in an easier to read, more informative magazine. Our Dental Awareness Program will once again bring you new and exciting promotional pieces aimed at bringing more patients into your practice. And our Membership Committee is looking at ways to utilize our group buying power to bring you discounts in such areas as office equipment and financial services.

All of this, of course, is in addition to the backbone of our Association - providing a unified voice for all dentists in Canada. We are facing a number of complex issues in dentistry today for which there are no simple answers. Issues, such as alternate delivery systems, tax reform, and infection control procedures, extend beyond provincial boundaries and, to different degrees, affect us all. We need a strong national organization like CDA to tackle these issues and we need the cooperation and participation of dentists like you to make CDA strong.

We are working hard at CDA to promote the best dental health care possible for Canadians. Lend us your support by renewing your membership today.

Sincerely,

R. J. Markey, D.D.S., M.S.D.
President



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

Le 2 octobre 1987

Cher collègue,
Chère collègue,

Il me fait grand plaisir, à titre de nouveau président, de vous inviter à rejoindre les rangs de l'Association dentaire canadienne.

Notre association représente les dentistes du Canada avec compétence depuis plus de quatre-vingts ans et son évolution a suivi le rythme de la profession, lui offrant un stimulant tout en répondant à ses besoins. Elle suit ainsi un processus qui se perpétue sans cesse et qui nous fera voir au cours de l'année la réalisation de nouvelles initiatives.

Par exemple, notre Journal fera bientôt peau neuve: il sera ainsi plus facile à lire et offrira plus d'informations. Le Programme de sensibilisation à la santé dentaire nous permettra de vous offrir du matériel nouveau et attrayant pour vous aider à élargir votre pratique. Notre Comité des adhésions cherche de nouvelles façons d'étendre la portée de notre pouvoir d'achat collectif et de vous obtenir ainsi des rabais sur l'achat d'équipements et de services financiers.

Ces services se greffent évidemment à la mission de base de l'Association qui est d'offrir à tous les dentistes du Canada une seule voix. En effet, des problèmes fort complexes assaillent actuellement la profession. Certains d'entre eux, tels l'avènement de nouveaux modes de prestation des services, la réforme fiscale et la lutte contre l'infection, n'ont pas de frontières provinciales et nous affectent tous d'une façon ou de l'autre. Pour nous attaquer efficacement à ces problèmes, nous avons donc besoin à la grandeur du pays d'une organisation telle que ADC, d'une organisation qui soit forte de la participation et de la collaboration de dentistes comme vous.

Nous ne ménageons pas nos efforts, à l'ADC, pour promouvoir la prestation des meilleurs soins dentaires possibles à tous les Canadiens. Donnez-vous votre appui en vous joignant à l'Association dès maintenant.

Veuillez agréer l'assurance de notre entier dévouement,

Le président,

R.J. Markey, D.D.S., M.S.D.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

December 1987

Dear Colleague,

I recently wrote to you concerning the importance of supporting your national association in the most direct manner: by becoming a member.

Since writing that letter I have addressed a number of Canadian dental organizations at the national, provincial and local levels, and participated in two international meetings. In addition, I chaired the CDA annual executive planning session, at which our national priorities were studied and established.

This variety of dental profession gatherings has demonstrated a common thread: dentistry faces the same issues at all levels, most of which require and benefit from a national focus.

This experience has convinced me that it is extremely important that the issues be defined in our various corporate fora, and communicated to our publics by a strong, authoritative national voice. More than ever, we require strength and substance on the issues, and strength in commitment by the dentists of Canada. If we can achieve this, then the professions' needs will be met. Also, that in so doing the oral health needs of the public will continue to be well served.

Won't you join me in this joint quest?

Sincerely yours,

Ron J. Markey, D.D.S., M.S.D.
President



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

Décembre 1987

Chère collègue,
Cher collègue,

Dans ma dernière lettre, je vous soulignais l'importance d'accorder directement votre appui à votre association nationale, en y adhérant.

Depuis, j'ai rencontré un certain nombre d'organisations dentaires aux niveaux national, provincial et local, et j'ai participé à deux réunions internationales. Puis, j'ai présidé la séance annuelle de planification du conseil exécutif de l'ADC, au cours de laquelle est établi l'ordre de priorité à l'échelle nationale.

Il ressort de ces diverses rencontres que les problèmes qui préoccupent la profession dentaire se ressemblent à tous les niveaux et qu'ils doivent être examinés, pour la plupart, dans une perspective nationale.

Cette expérience m'a convaincu qu'il était extrêmement important de définir les problèmes au niveau des différentes organisations, puis de les communiquer à nos interlocuteurs par le truchement d'une voix forte qui fait autorité à la grandeur du pays. Nous devons plus que jamais approfondir les questions qui se posent, étayer notre position et renforcer l'engagement de tous les dentistes au Canada, pour finalement satisfaire aux besoins de la profession et continuer de bien répondre aux besoins en santé buccale de la population que nous servons.

N'aimeriez-vous pas vous joindre à moi dans cette démarche commune?

Vous remerciant de l'attention que vous porterez à la présente, je vous prie d'agréer l'assurance de mon entière collaboration.

Le président,

Ron J. Markey, d.d.s., m.d.s.

CANADIAN DENTAL
ASSOCIATION

- ☐ Release of Patient Records
- ☐ Exposure of Patients to Radiation
- ☐ Retirement Counselling
- ☐ National Strategy for Dental Hygiene
- ☐ Professional Resource Utilization
- ☐ Mercury Toxicity in Dental Amalgam
- ☐ Dental Identification Systems
- ☐ Standards for Sterilizers
- ☐ Use of Tobacco Products
- ☐ Hepatitis B and Dentistry
- ☐ Provincial Radiation Protection Regulations
- ☐ General Anesthesia Guidelines
- ☐ I.V. Sedation
- ☐ Control of Radiation in the Dental Office
- ☐ Sports Dentistry
- ☐ Policy Statement on Sweeteners in Medication
- ☐ Procedures for Oral Care for Chronic Care Patients

The Association plays a vital role in safeguarding your professional interest. It's a service you cannot afford to be without.

Membership Deadline Date
December 31, 1987

Executive Director: Mr. Jardine Neilson
Membership Secretary: Mrs. Lydia Allison

WHAT IT IS,
AND WHY YOU
SHOULD JOIN



The Canadian Dental Association
1815 Alta Vista Drive,
Ottawa, Ontario, K1G 3Y6
(613) 523-1770



WHAT IT IS

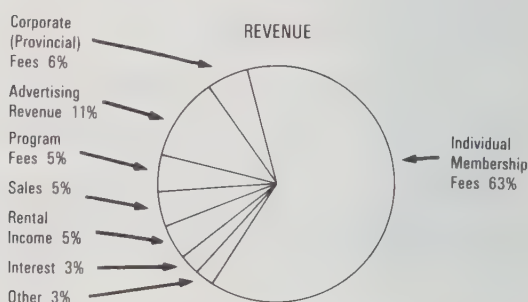
The Canadian Dental Association is the organization of the dental profession serving dentists in matters of national concern. Twenty-six Councils and Committees supported by a full staff at CDA headquarters in Ottawa are WORKING FOR YOU

The Canadian Dental Association

- ☐ maintains ongoing direct liaison with government. CDA
- obtained tax benefit improvements for professional management corporations
- successfully lobbied to initiate government to increase retirement income provisions among self-employed professionals
- secured the deduction of reasonable continuing education expenses
- obtained the removal of a federal sales tax imposed on certain dental materials
- secured the removal of a Federal Government budget proposal to tax premiums for dental insurance paid by employers
- is closely monitoring the recent federal government white paper on income tax and sales tax reforms
- ☐ is managing an extensive national dental awareness program
- ☐ provides the best, most comprehensive insurance plan available to any profession in the country through CDSPI
- ☐ sponsors an annual professional convention in Canada with tax advantages for delegates
- ☐ distributes half a million public education pamphlets every year - all produced by CDA
- ☐ operates a national resource centre
- ☐ conducts dental literature searches through its computerized Medline service
- ☐ is acknowledged as the national dental accreditation authority
- ☐ publishes a monthly Journal of original scientific articles, up-to-date dental news, features, editorials, book reviews, classified ads and more
- ☐ is affiliated with national specialty sections, related associations, auxiliary bodies, international associations, and other national Canadian organizations

WHY YOU SHOULD JOIN

Individual member dentists are the life blood of the Canadian Dental Association. Over sixty percent of the Associations' annual revenue comes in the form of fees received from individual members. It is the support from members like you that enables the Association to accomplish its many objectives.



And how did we use the money? Here is a sampling of the issues and concerns addressed by CDA this year:

- ☐ Policies on Pre-Paid Dental Plans
- ☐ Customs Clearance Procedures
- ☐ Anti-plaque Guidelines
- ☐ Medical Services Branch - independent review of dental services
- ☐ Management of the CDIP Life Plan Surplus
- ☐ National Strategies for Health Promotion
- ☐ Fluoridation
- ☐ Task Force on the Future of Dental Education
- ☐ CDIP Eligibility
- ☐ Capitation Awareness
- ☐ Third World Dentistry
- ☐ Federal/Provincial Advisory Committee - Health Human Resources
- ☐ Editorial Policies
- ☐ Geriatric Dentistry
- ☐ Federal Sales Tax on Dental Materials and Orthodontic Appliances/Supplies
- ☐ Tax Reform
- ☐ Revisions to the Uniform System of Codes and List of Services
- ☐ Infection control and AIDS

- ☐ La divulgation des dossiers des patients
- ☐ L'exposition des patients aux radiations
- ☐ Les conseils concernant la retraite
- ☐ L'exercice de l'hygiène dentaire au pays
- ☐ L'emploi des ressources professionnelles
- ☐ La toxicité du mercure dans les amalgames dentaires
- ☐ Les techniques d'identification dentaire
- ☐ Les normes concernant les stérilisants
- ☐ La tabagisme
- ☐ L'hépatite B et la dentisterie
- ☐ Le réglementation provinciale sur la protection contre les radiations
- ☐ Le guide général en matière d'anesthésie
- ☐ L'administration de sédatifs par intraveineuse
- ☐ La maîtrise des radiations au cabinet dentaire
- ☐ La dentisterie sportive
- ☐ L'emploi du sucre dans les médicaments :
Énoncé de principe
- ☐ Le soin buccal des malades chroniques

L'Association dentaire canadienne joue un rôle essentiel dans la sauvegarde de vos intérêts professionnels. Vous ne pouvez pas vous passer de ses services.

Date limite des inscriptions
le 31 décembre 1987

Le directeur général : M. Jardine Neilson
La secrétaire aux adhésions : M^{me} Lydia Allison

L'ASSOCIATION DENTAIRE CANADIENNE

SON RÔLE POURQUOI JOINDRE LES RANGS



L'Association dentaire canadienne
1815, promenade Alta Vista
Ottawa (Ontario) K1G 3Y6
(613) 523-1770



SON RÔLE

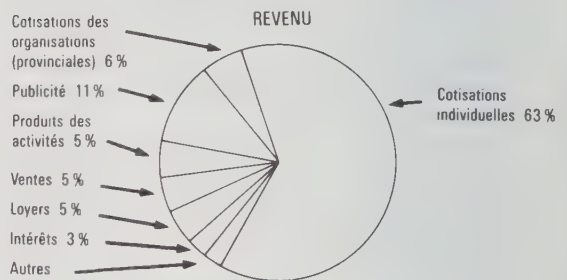
L'Association dentaire canadienne est un organisme au service de la profession dentaire, pour les sujets d'intérêt national la concernant. Elle est formée de vingt-six conseils et comités assistés par un personnel complet qui, au siège social de l'Association à Ottawa, TRAVAILLE POUR VOUS

L'Association dentaire canadienne :

- ☐ est constamment et directement en rapport avec les autorités gouvernementales. L'ADC;
- a obtenu des améliorations touchant les avantages fiscaux pour les sociétés de gestion professionnelle;
- a réussi, après des démarches auprès du gouvernement, à faire augmenter les possibilités de revenu à la retraite pour les professionnels à leur compte;
- a obtenu que les dépenses raisonnables pour l'éducation permanente soient déductibles;
- a obtenu l'abolition de la taxe fédérale sur la vente de certains matériels dentaires;
- a obtenu le retrait d'une proposition contenue dans le budget fédéral visant à taxer les régimes d'assurance défrayés par les employeurs.
- examine attentivement le récent livre blanc du gouvernement fédéral sur la réforme fiscale.
- ☐ est en train de gérer un programme national de sensibilisation dentaire;
- ☐ offre, par l'intermédiaire du CDSPI, le régime d'assurance le plus complet dont puissent bénéficier les membres de n'importe quelle profession au pays;
- ☐ organise un congrès annuel dont certains frais sont déductibles de l'impôt;
- ☐ distribue chaque année un demi-million de dépliants qu'elle produit elle-même pour parfaire l'éducation du public en santé dentaire;
- ☐ opère un centre de documentation national;
- ☐ gère, grâce à son service automatisé MEDLINE, un programme complet de recherches en information dentaire;
- ☐ publie une revue mensuelle contenant des articles scientifiques originaux, les plus récentes nouvelles du monde dentaire, des articles de fond, des éditoriaux, des comptes rendus sur les publications dentaires, des annonces, etc.;
- ☐ est reconnue comme l'autorité nationale en matière d'agrément dentaire;
- ☐ est affiliée à des corporations de spécialistes, à des associations connexes et à des sociétés auxiliaires nationales ainsi qu'à des associations internationales et à d'autres organismes canadiens.

JOINDRE LES RANGS DE L'ADC, QU'EST-CE À DIRE?

L'Association dentaire canadienne doit son existence à ses membres individuels, puisque leurs cotisations comptent pour plus de soixante pour cent de son revenu. C'est donc grâce à l'appui de membres comme vous qu'elle atteint ses objectifs.



À quoi servent vos cotisations? Voici un aperçu des questions qui ont retenu l'attention de l'ADC au cours de l'année.

- ☐ Les régimes de soins dentaires payés par anticipation : position de l'ADC
- ☐ Les procédures de dédouanement
- ☐ Le guide sur l'enlèvement de la plaque
- ☐ L'étude, par une firme indépendante, des services dentaires offerts par la Direction générale des services médicaux de Santé et Bien-être
- ☐ La gestion du surplus du régime d'assurance-vie du RADC
- ☐ Les stratégies nationales de promotion de la santé
- ☐ La fluoruration
- ☐ Le groupe de travail sur l'avenir de l'enseignement dentaire
- ☐ L'admissibilité au RADC
- ☐ La capitation
- ☐ La dentisterie dans le Tiers-Monde
- ☐ Le Comité consultatif fédéral-provincial des ressources humaines en matière de santé
- ☐ L'orientation des publications
- ☐ La dentisterie gériatrique
- ☐ La taxe de vente fédérale sur les matériaux dentaires et les appareils et fournitures orthodontiques
- ☐ La réforme fiscale
- ☐ La révision du système uniformisé de codification et de la liste des services
- ☐ La contrôle d'infection et le SIDA

CANADIAN DENTAL ASSOCIATION

1 9 8 8 MEMBERSHIP RETURNS AS AT FEBRUARY 12TH 1988 (108 DAYS)

	<u>ONTARIO</u>	<u>QUEBEC</u>	<u>OTHER VOLUNTARY</u>	<u>TOTALS</u>
<u>1 9 8 8</u>				
ACTIVE	2,483	676	-	3,159
ACTIVE/SPECIALISTS QUE	-	191	-	191
AFFILIATE	77	446	38	561
SUPPORTING DENTISTS	27	12	28	67
SUPPORTING NON-DENTISTS	6	-	3	9
STUDENT	<u>61</u>	<u>45</u>	<u>41</u>	<u>147</u>
SUB-TOTAL	<u>2,654</u>	<u>1,370</u>	<u>110</u>	<u>4,134</u>
LIFE, HONORARY & PAST-PRESIDENTS (Revised to reflect 88)	<u>380</u>	<u>145</u>	<u>-</u>	<u>525</u>
TOTAL	<u>3,034</u>	<u>1,515</u>	<u>110</u>	<u>4,659</u>
 <u>1 9 8 7</u>				
ACTIVE	2,648	907	38	3,593
AFFILIATE	36	492	8	536
SUPPORTING DENTISTS	24	13	36	73
SUPPORTING NON-DENTISTS	6	-	3	9
STUDENT	<u>80</u>	<u>49</u>	<u>35</u>	<u>164</u>
SUB-TOTAL	<u>2,794</u>	<u>1,461</u>	<u>120</u>	<u>4,375</u>
LIFE, HONORARY & PAST-PRESIDENTS	<u>361</u>	<u>164</u>	<u>-</u>	<u>525</u>
TOTAL	<u>3,155</u>	<u>1,625</u>	<u>120</u>	<u>4,900</u>

CANADIAN DENTAL ASSOCIATION

APPENDIX II

APPLICATIONS FOR LIFE MEMBER STATUS 1988

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRADUATION</u>	<u>GOOD STANDING CONFIRMED BY CORPORATE BODY</u>
DR JOHN F BURKE	N S	1947	YES
DR HARRY DUBINSKY	N S	1947	YES
DR GORDON S ANKER	ONTARIO	1947	YES
DR ELEANORE CORNISH	ONTARIO	1947	YES
DR RUTH A DUNDAS	ONTARIO	1947	YES
DR WESLEY J DUNN	ONTARIO	1947	YES
DR R G ELLIS	ONTARIO	1929	YES
DR JAMES A GUEST	ONTARIO	1947	YES
DR J B HINCH	ONTARIO	1947	YES
DR A B LANG	ONTARIO	1947	YES
DR ROBERT D LEUTY	ONTARIO	1947	YES
DR S MEDNICK	ONTARIO	1947	YES
DR GORDON NIKIFORUK	ONTARIO	1947	YES
DR J B OLDFIELD	ONTARIO	1947	YES
DR CHARLES L PETRULLO	ONTARIO	1947	YES
DR JOHN A REID	ONTARIO	1947	YES
DR H F STEVENS	ONTARIO	1947	YES
DR N H VICKERS	ONTARIO	1947	YES
DR JACQUES BELANGER	QUEBEC	1947	YES
DR EDMOND RACINE	QUEBEC	1947	YES

CANADIAN DENTAL ASSOCIATION
APPLICATIONS FOR LIFE MEMBER STATUS 1988

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRADUATION</u>	<u>GOOD STANDING CONFIRMED BY CORPORATE BODY</u>
DR H C SWARTOUT	SASKATCHEWAN	1947	YES
DR L P LYMAN	ALBERTA	1947	YES
DR M M WORONUK	ALBERTA	1947	YES
DR F W BANFORD	B C	1947	YES
DR ART M HAYES	B C	1947	YES
DR R KEITH LINDSAY	B C	1947	YES
DR L R MCBRIDE	B C	1947	YES
DR NORI NISHIO	B C	1947	YES
DR DONALD SINCLAIR	B C	1947	YES
DR J V TOUHEY	B C	1947	YES
DR RALPH I YORSH	B C	1944	YES

CANADIAN DENTAL ASSOCIATION

APPLICATIONS FOR SUPPORTING MEMBERSHIP 1988

<u>NAME</u>	<u>PROVINCE</u>	<u>REASON</u>	<u>VERIFICATION RECEIVED FROM CORPORATE BOD</u>
DR IAN A C MACDONALD	N S	RETIRED	YES
KATE MACDONALD	N S	NON-DENTIST	YES
DR DONALD A POOLE	N S	DISABLED (SINCE 1986)	YES
DR B A CYR	N B	PERMANENTLY DISABLED	YES
DR R F SANSON	N B	DISABLED - RETIRED	YES
DR GILLES ALLAIRE	QUEBEC	DISABLED	YES
DR YVON AMYOT	QUEBEC	RETIRED	YES
DR DONALD C CHALONER	QUEBEC	RESIDES IN CANADA 25 DAYS YEAR	YES
DR J L ANDRE DALPE	QUEBEC	RETIRED	YES
DR PETER A DOGEN	QUEBEC	RETIRED	YES
DR GERARD DUBOIS	QUEBEC	INVALID	YES
DR FRANCOIS-PIERRE DUMAIS	QUEBEC	INVALID - RETIRED	YES
DR SUSAN G GREENWALD	QUEBEC	RESIDING IN MIDDLE EAST NOT LICENSED CANADA	YES
DR PATRICK LEAHY	QUEBEC	RETIRED	
DR GERARD R MERCIER	QUEBEC	RETIRED	YES
DR MARIUS PARE	QUEBEC	RETIRED	YES
DR ANDRE ST JEAN	QUEBEC	RETIRED	YES
DR J A ALEXANDER	ONTARIO	RETIRED	YES
DR R G BALDERSON	ONTARIO	RETIRED	YES
ISABEL BROWN	ONTARIO	NON-DENTIST	YES
DR W D CHAPPLE	ONTARIO	RETIRED	YES

CANADIAN DENTAL ASSOCIATION

APPLICATIONS FOR SUPPORTING MEMBERSHIP 1988

<u>NAME</u>	<u>PROVINCE</u>	<u>REASON</u>	<u>VERIFICATION RECEIVED FROM CORPORATE BODY</u>
DR MAURICE C COLE	ONTARIO	RETIRED - DISABLED	YES
DR W F COOK	ONTARIO	RETIRED	YES
DR G A DELAGRAN	ONTARIO	RETIRED	YES
DR JOSEPH R DEVINE	ONTARIO	RETIRED	YES
DR ERNEST I FEDUN	ONTARIO	RETIRED	YES
DR MARCO GUILLEN	ONTARIO	AMBASSADOR COSTA RICA	YES
DR JACK W HALIP	ONTARIO	RETIRED	YES
DR W KKHETTENHAUSEN	ONTARIO	LIMITED EARNINGS	YES
DR ANDREW T IKSE	ONTARIO	SICK - WORKING PART-TIME	YES
SUNITA JOSHI	ONTARIO	NON-DENTIST	YES
DR ROBERT H LYNCH	ONTARIO	SABBATICAL 1987-1988	YES
DR LENNART MALMBERG	ONTARIO	NON-DENTIST	YES
DR G MCCAULEY	ONTARIO	RETIRED	YES
DR JOHN C MCCALOUR	ONTARIO	RETIRED	YES
DR ANTONIA W MEDWECKI	ONTARIO	WORKING ONLY 2 DAYS PER WEEK	YES
DR V J MEILUS	ONTARIO	RETIRED	YES
DR OSAMA S E MICHAIL	ONTARIO	RETIRED - DISABLED	YES
DR GEORGE T MILNE	ONTARIO	RETIRED	YES
DR ANDREJ NOVOESKY	ONTARIO	RETIRED	YES
DR A G PARNELL	ONTARIO	RETIRED	YES
DR D H PROTHEROE	ONTARIO	RETIRED	YES
DR LYONS C RINGROSE	ONTARIO	DISABLED	YES

CANADIAN DENTAL ASSOCIATION

APPLICATIONS FOR SUPPORTING MEMBERSHIP 1988

<u>NAME</u>	<u>PROVINCE</u>	<u>REASON</u>	<u>VERIFICATION RECEIVED FROM CORPORATE BO</u>
DR A ROMANO	ONTARIO	RETIRED	YES
DR DENNIS C SMITH	ONTARIO	NON-DENTIST	YES
DR HAROLD STROM	ONTARIO	RETIRED	YES
CAROL WOROBEY	ONTARIO	NON-DENTIST HYGIENIST	YES
DR IAN S ZAGDANSKI	ONTARIO	NON-PRACTISING - ONE YEAR	YES
DR INESE ZIEDINS	ONTARIO	RETIRED	YES
DR M M WORONUK	ALBERTA	RETIRED	YES
DR DEAN R BONLIE	B C	RETIRED	YES
DR G J BOUCHER	B C	RETIRED TO B C FROM ONTARIO	YES
DR LOUIS EPSTEIN	B C	NOT LICENSED B C	
DR WILLIAM G HASTINGS	B C	RETIRED	YES
DR NORI NISHIO	B C	RETIRED	YES
DR R J PIDERMAN	B C	RETIRED	YES
DR W W SHORTILL	B C	RETIRED	YES
DR S B SMORDIN	B C	RETIRED	YES
DR DANIEL K L YIP	B C	NOT LICENSED BC	REMOV
DR ANNE R JACKSON	N W T	ONLY STAYING IN CANADA 6 MONTHS	YES
DR JOHN E FAHEY	U S A	NOT LICENSED CANADA	YES
DR HERBERT HOPS	U S A	NOT LICENSED CANADA	YES
DR C L MCCONNELL	U S A	NOT LICENSED CANADA	YES
DR JAMES E MCCORMICK	U S A	NOT LICENSED CANADA	YES

CANADIAN DENTAL ASSOCIATION

APPLICATIONS FOR SUPPORTING MEMBERSHIP 1988

<u>NAME</u>	<u>PROVINCE</u>	<u>REASON</u>	<u>VERIFICATION RECEIVED FROM CORPORATE BODY</u>
DR ROBERT RAPP	U S A	NOT LICENSED CANADA	YES
PROF A RUPRECHT	U S A	NOT LICENSED CANADA	YES
DR M SZIKMAN	U S A	NOT LICENSED CANADA	YES
DR LEONARD TEICHER	U S A	NOT LICENSED CANADA	YES
DR NATHAN TIFFENBERG	U S A	RETIRED	YES
DR A P GARRETT	AUSTRALIA	NOT LICENSED CANADA	YES
DR GERALD G LEHMANN	AUSTRALIA	NOT LICENSED CANADA	YES
DR S C MARECHAUX	SWITZERLAND	NOT LICENSED CANADA	YES
DR JOHN B DICKINSON	BERMUDA	NOT LICENSED CANADA	YES
DR ROBIN B DICKSON	UNITED KINDOM	NOT LICENSED CANADA	YES
DR PETER M FEURTADO	JAMAICA	NOT LICENSED CANADA	YES
DR A D F JAMES	TRINIDAD	NOT LICENSED CANADA	YES
DR R F K THAM	CHINA	NOT LICENSED CANADA	YES

PUBLICATIONS COMMITTEE

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members:	Dr. John Hardie - Chairman, Ottawa Dr. Pierre Desautels, Montreal Mr. Jardine Neilson, Ottawa
Executive Liaison:	Dr. Ray Wenn, Charlottetown
Coordinator:	Miss Linda Teteruck

1. Committee Meetings

The Committee has met twice on September 4, 1987 and on January 8, 1988 in Ottawa.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Appointment of a New Journal Editor

The Publications Committee is delighted with the appointment of Dr P. Ralph Crawford as Editor. Dr. Crawford brings with him a wealth of information and talent. His knowledge of both dentistry and the Canadian Dental Association will be of tremendous benefit to the Journal of the CDA in the months and years to come.

3. Journal Improvements

Over the past six months, the Journal has undergone an extensive review to improve both the readership and design of the publication. Commencing with the January 1988 issue, the following changes will be made.

- A colourful and graphically appealing cover will be sought each month.
- Both the Editorial and the President's columns will be designed to be more noticeable and easier to read.
- The typeface will be darker and larger for greater reading ease.
- The table of contents page will be redesigned to allow for ease of reference.
- The list of officers will be better laid out for ease of reference.
- There will be greater use of screens and colour where possible and feasible.

The Journal will not only undergo a facelift but it will also undergo content changes. Both the Ad Lib and Did You Know? columns will be eliminated. The Did You Know? column will be reworked into filler ads when space is available. A new column entitled Back Talk will be introduced. Journal themes have been selected for the next twelve months. They include computers, cosmetic dentistry, practice management, infection control, geriatrics, malpractice, drugs and auxiliaries. Journal staff are presently negotiating with a leading expert on a monthly financial column. Other proposed columns include laboratory tips, new products, legal issues and a student column. Ongoing topics of interest would include government relations, capitation, DAP, PRUC, fluoride and infection control. In addition, there will be clinical reviews and updates of all the dental specialties once or twice each year.

The Journal will continue its commitment to publish original clinical and scientific research. Articles will continue to be refereed and three articles will be published each month. Staff have also initiated meetings with CDA's Councils and Committees to encourage their input into the publication.

Executive Council commends the Director of Communications and the Journal staff for their excellent work in the latest issues of the Journal.

4. Specialty Contributors

The JCDA is soliciting the input and support of its specialty contributors to enhance the Journal's content. The Journal staff will be actively approaching specialty contributors for their comments and direction.

5. Journal Advertising

The Publications Committee has and will continue to pay special attention to advertising revenues. 1987 saw an increase of 19.90 pages over 1986. It is felt that this is due directly to the return to full circulation.

The Committee will continue to investigate ways to increase Journal revenues in the future such as the availability of non-dental ads and the hiring of an additional advertising manager on a commission basis only.

6. Oral Health and the Canadian Academy of Restorative Dentistry

As was reported previously, CDA was disappointed to learn that CARD has named Oral Health as its official publication. CDA has contacted

CARD about their decision and updated them on the Journal's return to full circulation. It does not appear that CARD will alter its position at the present time. CDA will request a reconsideration of their decision at their August 1988 Annual meeting.

7. Correspondence for the Academic Community

The Publications Committee was dismayed to learn that the academic community was concerned about proposed changes to the Journal. The Committee wishes to reassure the academic community that the Journal will continue to publish original clinical and scientific research and the JCDA will appear twelve times per year.

Any changes to the scientific nature of the publication will be done in consultation with the academic community.

8. Ad by the Confectionery Manufacturers Association

In recent months, the Journal rejected an ad by the Confectionery Manufacturers Association on the grounds of unsuitability in a dental publication. This ad is currently been researched and critiqued for further discussion at our next meeting.

9. Publication of Politically Sensitive Materials

Over the past year, the Journal has received considerable criticism on its publication of materials that are politically sensitive to the membership. While it is believed that the Journal should be a forum for debate and discussion, all materials scheduled for publication will be reviewed by the Committee on a quarterly basis to ensure that they meet Journal standards and are presented in such a way that a balanced perspective is achieved.

10. Geriatric Dentistry

Further to correspondence received from the President on the need to communicate and promote materials on geriatric dentistry, it is noted that the November 1987 issue of the Journal contained a Dental Awareness Program Report on Communicating Care to Seniors and the theme of the August 1988 issue of the Journal is Geriatric Dentistry. This issue will carry papers from the Geriatric Symposium that will be held in Winnipeg in April.

11. Library Report

Appendix 1

Further to the Board's decision to initiate user fees for library services, the attached schedule of fees and services is recommended for implementation as soon as possible.

Library staff have investigated fees at other dental libraries and feel that the recommended fee structure is reasonable and yet competitive.

It is suggested that implementation be as soon as possible but not later than September 1st, 1988 and the Journal provide the membership with at least two months notice prior to implementation.

It is anticipated that both the Journal and library staff will initiate a marketing campaign to the membership on the value of the services provided under the new fee structure.

12. Conclusions

The past six months have been both challenging and exciting for the Publications Committee. The appointment of a new Editor and the changes this has brought to the Journal have encouraged the Committee that many of the positive improvements we have discussed over the past year will be forthcoming in the not too distant future. I would also like to express my sincere appreciation to Mr. Clarence Metcalfe and Mrs. Jennifer McClinton of the Journal staff for their hard work, patience and support during this time of change for the publication.

Respectfully submitted,

John Hardie, Chairman
Publications Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Publications Committee with appreciation, and agrees with the implementation of the schedule of fees presented.

PROPOSED LIBRARY CHARGES

Appendix 1

	<u>Members</u>	<u>Non-Members</u>
MEDLINE SEARCHES	Free	\$10 flat fee plus the cost of the search
PHOTOCOPIES OF ARTICLES FROM SEARCHES	\$5 for the first ten articles; 10 cents per page thereafter	\$5 flat fee plus 10 cents per page
MONTHLY SDI	Free	\$30 per year per subscription
PHOTOCOPIES FROM SDI	\$5 for the first 10 articles; 10 cents per page thereafter	\$5 flat fee plus 10 cents per page
PACKAGE LIBRARY	\$5 per package	\$10 per package
TABLE OF CONTENTS	Free	\$5
PHOTOCOPIES FROM TABLE OF CONTENTS	\$5 for the first 10 articles; 10 cents per page thereafter	\$5 flat fee plus 10 cents per page
GENERAL INQUIRIES	Free	Free

IN ADDITION:

Requests for articles from other libraries do involve extensive costs so these will be passed on to the user as they occur.

Dental students are requested to investigate the availability of journal articles within their own dental school prior to calling CDA.

EXEMPTIONS:

The following are exempt from library charges:

student members of CDA;
those currently in the CDA directory;
those contributing to the CDA Journal;
those working on a temporary basis for a CDA Council or Committee.

The deadline date for initiation of these fees is September 1, 1988.

TAXATION COMMITTEE

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. R.N. Hicks, Chairman - Vancouver
Dr. J. Gryfe, Weston
Dr. E. MacSween, Rockcliffe

Coordinator: Mrs. Sandra Deziel

Executive
Liaison: Dr. Gilles Dubé - Lachute

ITEMS REQUIRING BOARD ACTION

1. Sales Tax Reform

Early in 1988, discussions and debates on the proposed Sales Tax Reform will be initiated. To-date, the Federal Government has preferred to deal with changes to the personal and corporate income tax systems before consulting with Canadians on the proposals for reform of the federal sales tax.

The Federal Government proposes to initiate a federal sales tax on dental services provided by an individual dental practitioner (or a professional corporation) when these services are not funded by government or non-profit organization funds. Needless to say, this proposal causes great concern to the dental profession and dental patients in Canada.

The Taxation Committee will be drafting a position paper for the Canadian Dental Association to be presented to the Minister of Finance. This brief will outline our strong opposition to this new tax. In addition, a meeting with the Minister will be sought to reinforce and expand our views on this historic change in government taxation policy.

The Committee will also be encouraging Canadian dentists to write to their members of Parliament and to the Minister of Finance in order to express their individual views. The Committee will prepare arguments that could be included in these individual letters and will circulate this information to our members.

While the Canadian dentist's views will be clearly presented to the Federal Government, it is the Taxation Committee's opinion that this will not be enough to create a change in the current intent of the government to implement a federal sales tax on dental services. It will be necessary to inform our patients of the pending tax policy change and encourage the patient to communicate their opposition to being taxed on dental services to their members of Parliament, the Minister of Finance and/or opposition party leaders.

To facilitate this extensive lobbying mechanism, it will be necessary for the Canadian Dental Association to develop material which can be signed by dental patients and mailed (with no postage cost) to their members of Parliament, etc.

The cost of three methods of communication have been investigated and are outlined below:

I. Individual Letter:

Five (5) copies of such a letter together with instructions for the dental office would be mailed to all dentists in Canada. The instructions will include a request that each dentist arrange for duplication of the letter in enough quantity to supply the patients of his/her practice.

Budget

Production of five (5) letters - plus two pages of information	\$9,000.00
Postage	\$5,000.00
Miscellaneous	<u>\$1,000.00</u>
	\$15,000.00

II. Post Cards: Sets of 2* cards perforated 8 1/2 x 5 1/2 - To be mailed to all dentists in Canada, along with appropriate instructions. Costs are provided for 35 sets and 50 sets per dentist.

Budget

	<u>35 sets per dentist</u>	<u>50 sets per dentist</u>
Typesetting, Printing (500,000 - 750,000 sets)	\$8,260.00	\$11,810.00
Mailing - First Class	10,360.00	15,400.00
	<u>(.74 x 14,000)</u>	<u>\$1.10 x 14,000)</u>
	\$18,620.00	\$27,210.00

*Cards would target Finance Minister Wilson and local M.P.

- III. Post Cards: Sets of 4* cards perforated 8 1/2 x 11. To be mailed to all dentists in Canada, along with appropriate instructions. Costs are provided for 35 sets and 50 sets per dentist. This proposal allows for increased political targetting.

Budget

	<u>35 sets per dentist</u>	<u>50 sets per dentist</u>
Typesetting, Printing (500,000 - 750,000 sets)	\$15,430.00	\$22,680.00
Mailing - First Class	20,720.00 <u>(\$1.48 x 14,000)</u>	25,760.00 <u>(\$1.84 x 14,000)</u>
	\$36,150.00	\$48,440.00

*Cards would target Finance Minister Wilson, local M.P., and Opposition House Leaders.

RESOLVED:

- 88.20 THAT the Taxation Committee be authorized to proceed with the information lobby relating to the proposed application of Federal Sales Tax on Dental Services.

ADOPTED

The Board of Governors agrees that an amount not to exceed \$19,000.00 be allocated for this project.

Recently, the Chairman of the Taxation Committee was contacted by Professor Robert Clark - an Economist from Vancouver. Professor Clark has been asked to write a report on the proposed sales tax reform for the federal government.

Professor Clark indicated in his initial remarks that he was disturbed to see that dental services would be subject to federal sales tax. The Chairman of the Taxation Committee has spent considerable time in assisting Professor Clark in the development of arguments to support his very forward thinking position.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**1. Canadian Customs Classification**

On January 1, 1988, Canada adopted a totally new international language for coding imported goods. This new classification language will be known as the Harmonized System (HS).

In the past, the dental profession has become familiar with such Custom Tariff Numbers as 47600-01 for dental instruments and X-ray equipment, 48001-01 for dental cements, 48007-01 for amalgams and composite filling materials, etc. These are the numbers that will be changed and, in many instances, more numbers will be introduced to classify dental goods more specifically. Some new numbers may carry new rates of duty. However, Revenue Canada has indicated that the new system has been developed with every effort to keep "revenue neutral". When more specific information is available, the Taxation Committee will attempt to develop a document that will identify new HS numbers on dental items. This information will be communicated to our members and will be useful to those who clear customs shipments or who have shipments mailed to their dental office which require customs' form completion.

A memorandum to our members including this information was mailed in December, 1987 (Appendix 1).

APP. 1

2. Canadian Dental Foundation

The incorporation of the Canadian Dental Foundation is near completion. Once the Foundation is incorporated, the official charitable receipt tax number will be issued by Revenue Canada.

The Taxation Committee's role in arranging the charitable organization's status for the Foundation is now complete.

3. CDA Taxation Seminars

A very successful CDA Taxation Seminar was conducted in Halifax on Friday, October 2, 1987.

Mr. Paul Campbell and Mr. Bruce Toller, chartered accountants with Clarkson and Gordon and Mr. Lawrence Stordy, a tax lawyer with Stewart MacKeen and Covert made excellent presentations on tax reform

proposals, personal financial planning and estate planning. The Chairman of the Taxation Committee chaired the meeting and also presented information on dental practice management tax issues, and on the proposed sales tax reform.

A copy of the financial statement of the seminar is attached as Appendix 2, it should be noted that an Atlantic Canada seminar produced the greatest expense in our original budget proposal. The Committee was pleased to see that even with this factor considered, a modest profit was once again realized.

APP. 2

4. Class Action Collections Inc.

In November and December, dentists across the country received mailings from a company called Class Action Collections Incorporated at a P.O. Box number in Kelowna, British Columbia. The mailings suggested that dentists and physicians may have overpaid taxes in previous years which may be recoverable.

The company is willing to act on behalf of those professionals signing a "Agency Agreement" for a fee of 50% of the tax refund, tax credit adjustment or any other form of benefit that the federal and/or provincial governments allow.

Information received from the B.C. Institute of Chartered Accountants and from an Ontario accounting firm suggest that Class Action Collections Incorporated want to refile past tax returns for various professionals claiming that monies received for providing services to recipients of Social Service Benefits are not taxable. The applicable section of the Income Tax Act is Section 110(1)(f) which refers to social assistance payments made under a program provided for by an act of Canada or the provinces as apparently not taxable in the hands of the recipient, if it is received direct.

On December 22, 1987, the Department of Finance released the following information;

"Social Assistance Payments

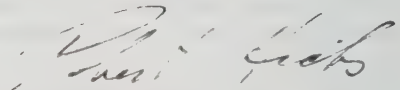
The legislation will be amended to clarify that the deduction allowed in computing taxable income in respect of social assistance payments will not be allowed to third parties, such as landlords, dentists, or others who are recipients of such payments made by governments or charitable agencies on behalf of the persons in need and who would normally include such payments in computing their rental or business income. The necessary amendments for this purpose will be effective

in respect of such assistance payments received after 1981 — the date on which the existing provisions of the act relating to such payments were first made effective."

From the information received by the Taxation Committee, it appears that this is not a "winning situation". The Committee strongly recommends that dentists consult with their tax advisors before signing any documents related to the Class Action Collections Incorporated proposal.

A letter has been sent to all of the corporate bodies so that they may inform their members. An article will also appear in a future issue of the Journal.

Respectfully submitted,



Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Taxation Committee with appreciation.



APPENDIX 1

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

December, 1987

Dear Colleague:

CANADIAN CUSTOMS CLASSIFICATION - Major Changes to Take Effect on January 1, 1988

This letter is written to provide important information to dentists, dental professional management companies, or dental professional corporations who import dental goods directly into Canada. Dentists or corporations who purchase dental goods through dental supply companies will not be affected by most of the information provided in this letter.

On January 1, 1988, Canada will adopt a totally new international language for coding imported goods. This new classification language will be known as the HARMONIZED SYSTEM (HS).

In the past, the dental profession has become familiar with Custom Tariff numbers such as 47600-01 for dental instruments and X-ray equipment, 48001-01 for dental cements, and 48007-01 for amalgams and composite filling materials. These are the numbers that will be changed and, in many instances, more numbers will be introduced to classify dental goods more specifically.

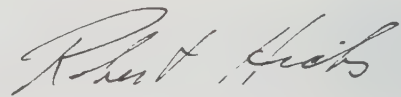
It is important that all members of the profession involved in direct importing of dental goods be aware that tariff items have been recoded and reworded; some may carry new rates of duty. However, Revenue Canada has indicated that the new system has been developed with every effort to keep "revenue neutral". The CDA Taxation Committee requests that any increase in the rates of duty, as a result of the new Harmonized System, on any goods imported into Canada be reported to the CDA Headquarters (Attention: Mrs. Sandra Deziel) by mail with proper documentation attached.

The Taxation Committee is attempting to develop a revised list of former tariff numbers and current HS classification numbers for CDA members' use. However, this task is proving to be very time-consuming. The Committee

- 2 -

recommends that all members of the profession utilize the services of a customs broker for direct import shipments over the next six months, or until more specific information is received regarding dental goods' HS classification.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Robert N. Hicks".

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

/msg

CANADIAN DENTAL ASSOCIATION
TAXATION SEMINAR - HALIFAX
OCTOBER 2, 1987

REVENUE

Registration Fees	August	\$1,800.00	
Registration Fees	September	4,150.00	
Registration Fees	October	1,125.00	
Reimbursement	Dr. Robertson	<u>(131.25)</u>	
TOTAL REVENUE			\$6,943.75

EXPENSES

Tyrell Press	Taxation Brochures	407.46	
S. Deziel	Travel Expenses	866.70	
Dr. R. Hicks	Travel Expenses	1,932.90	
Dr. R. Hicks	Per Diems	1,092.00	
Chateau Halifax	Banquet Functions	1,593.39	
Canada Post	Postage	<u>337.68</u>	
TOTAL EXPENSES			<u>6,230.13</u>
<u>NET REVENUE (EXPENSES)</u>			<u>\$713.62</u>

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1988 CDA INTERIM BOARD OF GOVERNORS

Committee Members: Dr. D. MacFarlane, Vancouver, B.C., Chairman
Dr. T. Gushue, St. John's, Newfoundland
Dr. D. Gutkin, Winnipeg, Manitoba
Dr. W. Leggett, Brampton, Ontario

Executive Liaison: Dr. D. MacFarlane, Vancouver

Coordinator: Ms. Janice Forsythe, Ottawa

1. Committee Meetings

The Committee has met twice since the 1987 Board of Governors meeting, on September 13 and December 5-7, 1987.

ITEMS REQUIRING BOARD ACTION

2. Liaison Activities

In September, Dr. MacFarlane, Mr. Jardine Neilson, Dr. R.K. House and representatives of the ODA met with Mercers Benefits Consultants on the issue of Stelco signing a capitation contract. It is hoped that, as a result of this meeting, and data secured from the Chicago Dialogue in Dentistry program, the fee-for-service system will be preserved in Hamilton.

In September, Dr. Toby Gushue and Ms. Janice Forsythe attended the ADA Conference on Dental Benefits. Although the conference did not offer as much new information as in previous years, it was still deemed worthwhile.

In October, Dr. MacFarlane addressed the second annual meeting of the Canadian Association of Dental Consultant, speaking to such issues as codes, claim forms, unique identification numbers, administration of x-rays, alternative delivery systems, the role of the dental consultant in cases of fraud and abuse and CDA's plans for a purchaser contact program.

Appendices A & B

On December 3, 1987, Dr. Don MacFarlane spoke at the Manitoba Regional Council of the Canadian Pension Conference on a panel discussing capitation. His presentation and that of Mr. George J. Strang of the Manitoba Teachers' Society are appended for information.

On December 7 a joint meeting was held with representatives of the Canadian Life and Health Insurance Association. The main topics of discussion were the codes, assignment, profiling, claim forms, direct data transfer to carriers, signature on file cards, carriers' acceptance of treatment forms, the development of individual dental plans, and sending x-rays out-of-province.

3. Revision to the CDA Uniform System
of Codes and List of Services

Appendix C *

Although the Board approved the Uniform System of Codes and List of Services at the 1987 Annual Meeting, major suggested changes were proposed by many different organizations after that meeting. The Committee was disappointed that this valuable input had not been received before the document had been passed by the Board, but felt that the suggestions had to be reviewed and incorporated, where appropriate.

In examining the comments, several areas of confusion were noted. For example, it became clear that some provinces did not understand that this list is meant for general practitioners and that specialists maintain their own lists of codes. I would also like to emphasize that the provinces do not have to use all of the codes in CDA's guide, but that they must use the same wording for the codes they choose.

There was also difficulty perceived in some of the provinces in the change in concept from 1-5 surfaces to classes. Because of the advances in materials and techniques today, there are not as many limitations as in the past and the new system simply allows for this. A letter will be sent to the provinces to clarify the new system.

In response to a request from New Brunswick re: translation, it was noted that once the final document had been produced, it would be translated. CDA could not have afforded to translate each of the many working copies it has developed over the past two years.

After meeting with the Canadian Life and Health Insurance Association, it became apparent that the carriers simply could not change over their systems to the new list by January of 1989. It was thus decided to postpone the date to January 1, 1990. This will also allow dentists more time to prepare. CLHIA has also requested a conversion system to assist in the changeover. Dr. Gutkin has prepared a first draft, but the Committee will closely scrutinize it to ensure that there are not any errors, which would in turn lead to errors being made in claims. CLHIA's assistance will be requested in verifying the conversion system.

RESOLVED:

- 88.21 THAT, due to the extensive changes made to the Uniform System of Codes and List of Services as a result of additional provincial input, the document be re-examined and approved by the Board of Governors for implementation throughout Canada on January 1, 1990.

ADOPTED

* Appendix C - can be obtained from CDA offices.

4. Direct Reimbursement**Appendix D**

With the valuable assistance of the College of Dental Surgeons of B.C., the Committee has developed a package on Direct Reimbursement. (See Appendix D.)

The package is divided into components, so that the dentist can distribute the first part to those who seem interested. This document explains the basics and will be of benefit to both purchasers and dentists. If they require additional details, Sections II-IV will be given to them.

This is to provide another alternative in support of fee-for-service dentistry. It is not meant to be promoted as a panacea. It is not the answer to stopping other, perhaps less desirable, alternatives from entering the Canadian market.

Both legal and accounting opinions have been sought and all is in order.

RESOLVED:

88.22 THAT the appended Direct Reimbursement Package be adopted and promoted by the Canadian Dental Association.

ADOPTED

The Committee would like to extend its appreciation to Dr. Larry Rossoff and his B.C. Committee for their extensive work on developing the first draft of this package.

5. Dialogue in Dentistry**Appendix E****(a) Pilot Projects**

The Ontario Dental Association had already run a pilot project out of Chicago with the Dialogue in Dentistry team. It was run efficiently and turned out to be very successful by providing data that would allow the ODA to offer several suggestions for cost-saving measures to the employer concerned.

The College of Dental Surgeons of B.C. is also running a pilot project with D.I.D. but no results have been obtained at this time.

* Appendix D can be obtained from CDA Offices.

The Committee feels that, in order for DID to be run nationally, it would have to be run out of a central location with an experienced analyst. It would not be cost-effective for each province to run its own program, especially for some of the smaller provinces. The Management Committee will decide on the best location for the DID office.

(b) ODQ Letter

I am most pleased to announce that the Ordre des dentistes du Québec has written to CDA expressing its interest in and proposed assistance in developing a CDA-run purchaser contact program, such as Dialogue in Dentistry. This vote of confidence in the program is truly appreciated.

(c) Surplus Funds from the Public Information Campaign

There is approximately \$60,000 surplus from the Public Information Campaign run beginning in March of 1987. Although this money rightfully belongs to the provinces which contributed to the project, the Committee would like to suggest two ways in which it could be used to everyone's benefit, as follows:

RESOLVED:

- 88.23 THAT the Board of Governors support the development of a Dialogue in Dentistry Program in Canada.

ADOPTED

RESOLVED:

- 88.24 THAT funds be allocated from the National Public Information Campaign surplus, for start-up costs of the DID program, pending approval of the provinces which contributed to the Public Information Campaign.

ADOPTED

RESOLVED:

- 88.25 THAT any remaining funds be used to translate and produce copies of the Consumer's Guide to Dental Health if this can be accomplished within the budget available and if the project is approved by the provinces which contributed to the fund.

ADOPTED

6. Standard Dental Claim Form

It has come to the Committee's attention that many carriers still insist on printing their own claim forms. The Committee members feel it is time to take a strong stand on this and insist that the standard dental claim form be used.

RESOLVED:

- 88.26 **THAT all dental plan carriers be informed that all sections of their claim forms must comply with the CDA Standard Dental Claim Form if it is to carry the CDA logo and words "Approved by the Canadian Dental Association".**

ADOPTED

7. Workshop - "Dental Plans - Our Shared Concerns"

The Committee is considering putting on a workshop for representatives of dentistry and representatives of the dental insurance industry in Canada. This would provide an occasion for carriers and dentists to frankly discuss the problems facing fee for service dentistry from the perspectives of all parties in dental delivery, i.e. insurers, dentists, benefit consultants and consumers. Some of the issues to be addressed would be: fees; quality assurance; assignment; long-term contracts; the current peer review system and its perceived lack of effectiveness, fraud and abuse, profiling, etc. Each of the provinces would be asked to send their chief staff officer and president, along with the chairman(men) of their fee and third party committees. All dental insurance carriers would be asked to send a representative (perhaps the Vice-President of Group Sales), along with their dental consultant and some representatives from the benefit consultant group. Dr. Ron House would also be invited because of his knowledge of the fee structures across Canada.

The cost implications for such a conference are obviously significant (estimated at \$20,000), but it is hoped that the insurance industry would be willing to contribute substantially. CDA would be responsible for sending its own representatives, organizing the event, promotion, meeting rooms, etc.

This would be a two-day conference, with the first day presenting a number of speakers on the issues listed above. The second day would see the group break into workshops to try to solve some of the problems brought up on the first day.

Moreover, it was felt that such a meeting is of the utmost importance as the costs of dental care simply have to be cut somehow. The best way to do this is in cooperation with the carriers, rather than encouraging an antagonistic relationship with them, which is happening in some areas.

The Committee will approach the provinces to find out if there was any interest in such a conference. CLHIA is already very supportive and is looking forward for the opportunity to communicate openly in such a forum.

The main goal of this conference is to foster better communication among all those involved in working with dental plans. The Committee feels it is important for CDA to take a leadership role in holding the conference.

If approved and if it can be coordinated in time, the Committee would like to hold the workshop June 3-4, 1988.

RESOLVED:

- 88.27 **THAT the Third Party Dental Plans Committee be authorized to organize a workshop entitled "Dental Plans - Our Shared Concerns", subject to the final budget approval by Executive Council.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

8. Canadian Auto Workers' Dental Plan

The Ontario Dental Association has been working with Green Shield and the CAW to ensure that members of the CAW are given a fair dental plan. Recently, changes have been made to that plan which may not prove to be as advantageous as the CAW had expected, in the long run. The concern has been the clause in the CAW contract with Green Shield certain codes have been limited to specialists. For example Code 43400 (deep scaling and root planing) will continue to be a benefit, but will be reimbursable only when performed by a periodontist. This is not the only limitation to the new contract. Also included are occlusal equilibration, the application of a periodontal appliance, and gingival curettage, among others, to being carried out only by specialists. It has been pointed out that there are not enough specialists in the area to do these procedures and, thus, the employee will be faced with lengthy waiting lists, long distances to travel for care, or he may simply decide not to bother with the care because it is inconvenient.

The ODA and the RCDS have taken the position that it is unethical for a dentist to refer a patient to a specialist simply because of a clause in a benefit package, especially when the general practitioner is fully qualified to perform the procedure. Both the ODA and the Committee are monitoring the situation to ensure that this does not spread throughout industry in Canada.

9. ODA Guide to Dental Cost Containment

APPENDIX E

The Committee would like to congratulate the ODA on its efforts in the area of third party issues. It has recently published "Ontario Dental Association Guide to Dental Cost Containment" (see Appendix E.) to explain various dental plans to purchasers. This is only one of the items being used in ODA's active purchaser contact program.

10. Appreciation

On behalf of the Committee, I would like to express our appreciation of the efforts of the many individuals and groups who have provided input to committee deliberations over the past several months.

Respectfully submitted,

D.E. MacFarlane, D.M.D., Chairman
Third Party Dental Plans Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Third Party Dental Plans Committee with appreciation.

CANADIAN PENSION CONFERENCE

Speech by Dr. Don MacFarlane

Regional Meeting

Winnipeg, December 3, 1987

I'm here today to share with you Canadian dentists concerns about Prepaid, Managed Dental Care, etc. - really capitation plans - by any other name they're still the same.

You've already heard what CAPITATION PLANS are:

OR/

A capitation plan has the following basic concepts:

- They are sold on a premium basis the same as existing dental plans.
- The dentist must enter into a contract to be a provider.
- There are a limited number of dentists available to provide services to the purchaser. Patients can only select from this closed panel of dentists.
- The dentist payments are on a per capita basis whether the patient receives any care or not.
- Usually, the basic care is entirely covered by this per capita fee.
- More extensive work has copayments.

You've already heard the usual pitch - how are these Capitation plans promoted?

- 1) by offering discount premiums
- 2) by extending the contract period usually to 2 or 3 years
- 3) by promising the same or even enhanced coverage
- 4) by emphasizing prevention
- 5) by promising quality assurance - screening

Then they knock the existing fee-for-service system as

- 6) encouraging over-utilization
- 7) emphasizing fraud and abuse and, thus, making it sound as though this is rampant. Even though these are problems with a small percentage of dentists, and constitute certainly a significant concern of the profession, they cannot be pointed to for causing a major contribution to cost escalation.

I want to make it very clear right up front that the existing fee-for-service system is not perfect - but very close. Canadians today are enjoying the best dental health ever, in fact as good as or better than anywhere else in the world. The Canadian dental profession can be very proud of its accomplishments. We're concerned this can be greatly affected in an adverse way by Capitation and its weaknesses.

There are a number of factors which have come together to create this excellent state of dental health:

- 1) the profession has solidly promoted and practised preventive dentistry;
- 2) dental plans now cover close to 50% of our population - and, thus, help people to afford regular care.
- 3) toothpaste and mouthwash advertising has promoted a pretty smile and healthy teeth, which encourages the public to adopt that image;
- 4) the public has generally become very health conscious - they are becoming ever more aware of the importance of good home care habits and diet; and, of course,
- 5) the use of fluorides.

The increase in the use of fluorides has meant greatly reduced dental diseases in children, especially, but also throughout the population, the Decayed, Missing, or Filled (DMF) rates have been greatly reduced. A significant percentage of individuals under 15 years of age have no cavities.

However, all of this interest in good dental health has meant an increase in utilization of dental plans with the associated increase in plan costs. That is one of the reasons we're all here today: to see if CAP Plans are a cost containment alternative.

Now, on to the concerns Canadian dentists have about Capitation plans. In our society, the advertising industry has been very successful at selling the idea that "NEW means BETTER". We must remind ourselves that the only thing true about NEW is that it is NEW. It may be better, it may be no better or it may be WORSE than the product or system it is supposed to replace.

There are two aspects of concern to Canadian dentists:

- 1) what the Canadian public our patients are getting if they select a capitation plan; and
- 2) what dentists will get from this plan.

Concerns for the patient

We have to look to the U.S.A. for data on what really happens in comparing CAP and FFS plans:

- In CAP plans the average patient received less care than under FFS.
- The appointments for capitation patients were more difficult to obtain
 - they were spread out over a longer period of time than FFS patients (called Pacing).
- Some treatments were postponed until they could not be avoided.
- Patients in capitation plans received fewer of the more costly services.

- Patients in capitation plans received less specialty type care - i.e., surgical periodontics, surgical extractions, etc.
- The patients received less preventive care under the cap plan.
- Patients received an equal amount of basic restorative care under both plans.

In total, the average patient received a much lower level of care than even the premium reduction might have suggested. CAP PLANS ARE POOR VALUE from the patient's perspective. I'd like to read the comments from an article on CAPITATION - April 1987 Dental Clinics of North America by Drs. M. Zatz, M. Landy, John LeDell - who worked for Prudential in the U.S.A. and who have a Cap Plan.

"Disadvantages to Patients"

- 1) Possible provider incentive to undertreat so as to maximize finances.
- 2) Pacing or extending treatment period to again maximize finances.
- 3) The possibility exists that only the least expensive treatment plan will be offered with no other choices presented.
- 4) Choice of dentists is limited to a restricted provider panel that may have few members and also be geographically inconvenient.
- 5) Loss of review and pre-authorization found in many fee-for-service programs lessens probability of questioning appropriateness of treatment suggested for the patient. (Not the job of dental consultant - Canada).
- 6) Benefits for treatment required when away from chosen offices may be limited.
- 7) In a poorly designed program, the covered member may be subject to many surcharges that will require extensive out-of-pocket outlay.
- 8) When copayments are required, the possibility of their inflation by the provider exists.
- 9) Negative peer pressure against joining the program can exist from dentists and other covered members forming the fee-for-service option.
- 10) Providers in these programs have been suspect as to their motives for participating.

Most of these points relate to quality and quantity of care.

Now from the same article:

"Advantages for the Patient":

- 1) Capitation plans often have broader coverage than the dual choice fee-for-service plan offers.
- 2) Contracts are simple and easier to understand.
- 3) No claim form.
- 4) Out-of-pocket expenses are few.
- 5) Extended office hours usually available.
- 6) 24-hour emergency coverage.
- 7) Emphasis on prevention.
- 8) Elimination of possible overtreatment due to lack of provider incentives.

The majority of these points are administrative convenience, but do not effect quality or quantity of care, except the last 2 points - emphasis on prevention. These are simply not true; in Canada we have already talked about about emphasis on prevention in FFS.

Overtreatment is not a problem of any significance in Canada - there is some abuse, but a very small percentage.

Purchasers should be aware of the following considerations when they look at Managed Dental, Prepaid or CAP plans.

What criteria should a good dental benefit possess?

- Encourage improvement in the dental health of the group covered.
- Provide good value for the dollars spent.
- Provide free choice by the patient of the dentist to deliver the care.
- Be neutral regarding any inducement to underservice or overservice.
- Be easily administered.
- Be marketable and attractive to purchasers and consultants who advise purchasers.
- Provide fair compensation to dentist.
- Not transfer risk to the dentist so that he is not put in a conflict of interest situation as both insurer and professional advisor.

Questions that need to be asked by the purchasers: from Mr. Richard Hinden, a lawyer who advises on contract law for alternative funding organizations, with the firm of Altheimer & Gray, Chicago, Ill.

- 1) What administrative percentage is built into the premium - what percentage goes to pay for treatment? Capitation payment/month/individual to the dentist. The payment definitely will affect the overall level of care delivered.
- 2) How many dentists have agreed to be providers - where is the list of names and addresses?
 - A random number should be contacted - are they already providers for a cap plan? Will they agree to be a provider for this plan?

- Remember, a contract dentist does not have to agree to take every group or if his pay under the cap plan is too low or he decides his risk too high he won't.
- One promoter has provided inaccurate information here.

- 3) Name of groups already under CAP plans - check with them - at all levels.
- 4) The company promoting the CAP plan
 - a) What is the corporate entity? Is it a shell corporation?
 - b) What is the financial viability of the corporate entity?

Investigate capitalization and beware of the consequence of being involved with a thinly capitalized company. There are cases of in U.S.A. where the corporation has failed and the groups did not receive care for the full term of the contract.

- 5) Employees' ability to move from CAP option to FFS option in dual choice plan. How often?
- 6) Employees' ability to change dentists.
- 7) Can the dentist precertify the patient before accepting him or her (this means to do an examination before deciding to take him on as a patient) to prevent adverse selection.
- 8) Hold harmless clause - does the corporation have this in its contract. Dentists are advised not to participate with any plan with this clause in it.
- 9) Who pays to educate the employees about the dual choice options - an increased amount of effort is usually required.
- 10) Who pays to sort out misunderstandings in the cap plan.

Sometimes an unhappy employee who doesn't like the cap option feels the employer sold it to him.

- 11) Consider the possible effects on the experience of the indemnity or FFS part of the dual choice option because some have left to CAP; will the experience rating here change.
- 12) Consider the possible increased costs on the FFS side when cap patients who possibly have been undertreated return to FFS, and have a backlog of work to be caught up.

Let's look at dentists' concerns :

First, in a cap plan, because the dentist becomes the insurer assuming the risk, he is placed in a conflict of interest. Instead of his primary concern being the dental health of the patient, he now is the rationer of care as well because he knows he's being paid less and that every dollar spent on treatment comes out of the monthly fee that could be his profit. The wrong incentive is at work.

Is this what you'd want?

Patients will eventually come to realize that the financial agenda may be influencing their care.

Dentists in Canada are more skeptical about CAP than they were in U.S.A.:

Why?

- Excess supply of dentists in U.S.A. much worse.
- We've heard a lot about the problems in U.S.A.
- Associations in Canada have become informed and have reacted quickly.

Economics

Let's look at how dental plans are costed out - most are experience rated, since there really are very few new groups signing up.

Currently there are two main types of dental plans.

1. Indemnity Plans - real insurance - where the insurer assumes the risk..

- Costs involved-sales, promotion, miscellaneous 3 %
- 2 % premium tax
- 10 % administration and retention
- Total costs - 15 % (some small group retention is higher)
- 85 % balance is to pay for services.

2. Administration Services Only (ASO)

- Costs-sales, miscellaneous 3 %
- no premium tax
- 4-5 % administration
- Total costs 7-8 %
- Balance 92-93 % of premium to pay for services

3. Capitation - in general they are taking a bigger slice (very conservative estimates used)

- sales - often give higher commissions to promote - 4 %
- no premium tax
- administration - 10-15 %
- reduction in premium 10-15 %

Total 25-35 %

Balance leaving 65-75 % to pay for services

The average premium paid per employee to a CHLIA insurer for dental coverage in 1986 was \$300/year; therefore, \$270 paid in dental treatment - 90 % average. Under CAP only \$200 will be paid to dentists for care reduced by almost 25 %.

The same utilization rate is to be expected - so it means dentists are being asked to take 25% less gross revenue for CAP patients. The average overhead for a busy dentist is 60% or more. The reduction has to come from the 35-40% left (40-25)=15% that remains. 15% is 27% of his usual net income. Therefore the cap people are asking him to take a 70% reduction in net income.

Do you believe that the dentist is likely to allow this to happen? Neither do I. That's why PACING occurs. Pacing is the spreading out of care which causes the level of care under a cap plan to be affected.

Conclusion

I would like to leave you with the following:

Concerns about the escalation of plan costs are understandable and we need to address these. Certainly the profession must be pushed to respond; in fact, in many cases we already have. However, you really need to look at what is causing cost escalations.

FACTORS INFLUENCING COST ESCALATION

There are three major factors, each representing about an equal amount of the increase, and then some other minor costs.

MAJOR

1. Increased Utilization of Services

- Both the percentage of the people attending for regular care and the amount of care received on a yearly basis - surely no one can complain about people using the benefit paid for on their behalf?
- Now up to 70-75% utilization - even now? 25% don't use their benefits and the majority don't go 2 times per year.
- Increase in the value of the care they receive (moving to more costly treatments).

2. Increase the Provincial Fee Guide

- In the majority of the provinces - certainly in Manitoba - an economic consultant is employed to assist in projecting an increase in costs and increases in income for dentists based on statistical analysis C.P.I., and the industrial wage index.
- Surveys are done on a regular basis to monitor practice changes, time/frequency data, and to fine tune the fee guide. Here, front end fees-exam have been held at the same fee for the past 3 years.

- x-rays
- prevention-scaling
- prophylaxis and fluoride

3. Enrichment of Plans (improvement in benefits)

- removal of deductibles
- reduction of patients %
- increase limits - orthodontics, etc.

MINOR

1. Fraud and Abuse

While this is a subject of considerable concern to the dental profession and the public, it represents a very small percentage of all claims and therefore is a minor element in cost escalations of dental plans.

INTERESTING PROBLEMS IN DENTAL BENEFITS:

The employees want more coverage and less out-of-pocket expenses, but are not prepared to see a cut in benefits. The employer doesn't want to be the bad guy, but wants cost containment. The insurers are unhappy with their profit margins. They don't want to take less, so they are all ganging up on the dentist - with capitation plans - saying you'll have to take less.

The dental profession is sufficiently concerned about the failings of capitation that it is undertaking a program to assist any company - at no charge - to review the options available to it when it is considering or reviewing dental benefits.

The program is called Dialogue in Dentistry and it has been successfully operating in the Chicago area for several months now. Here in Manitoba, contact Dr. Les Allen through the Manitoba Dental Association or contact me at the Canadian Dental Association for details.

Respectfully,

Don E. MacFarlane, D.M.D.
Chairman, CDA Third Party
Dental Plans Committee

PRESENTATION TO THE MANITOBA REGIONAL COUNCIL, CPC, WORKSHOP ON
"UNDERSTANDING THE CAPS IN DENTAL CAPITATION" -

GEORGE J. STRANG
DECEMBER 3, 1987
THE MANITOBA TEACHERS' SOCIETY

My assignment on this panel is to examine the concept of the dental capitation delivery system from some of the more practical issues or aspects that may have to be dealt with in the workplace by employers and employees. To this end, I intend to comment on three issues:

1. Choice
2. Price
3. Service

But first, some disclaimers! Dental Capitation, like unisex actuarial tables, is one of those issues in employee benefits where the lines between the proponents and the detractors are clearly drawn. Some of the groups I am associated with are clearly for it, while others are clearly opposed. And if I appear uncomfortable it's because I "would like to stand behind all my associates" - and I have been sitting on a rather uncomfortable "picket" fence, as it were, on the issue. Accordingly, my comments do not represent any official position of my employer, The Manitoba Teachers' Society, nor any other organization with which I may be associated.

Indeed, I hope it becomes obvious I intend only to identify and examine the issues of Choice, Price and Service that will have to be addressed from a plan sponsor and/or an employee point of view, and as objectively as possible.

On the matter of choice:

The opponents of the dental capitation approach put the issue of choice in terms of "the basic democratic right to the free choice of the dental practitioner" - "the sole discretion of the patients to choose their dentist, and to change dentists at will", with the corresponding right in a free and democratic society of the dentist to refuse to treat a patient if one so chooses (presumably those who bite back!).

This stark depiction is tempered, of course, by some of the realities of the way capitation programs work in practice. Firstly, most capitation programs establish a panel of participating dentists in the cap' program in any geographic area, and permit the insured member to select a dentist from the list - therefore, there is choice, albeit limited and from a closed panel.

So the most often voiced insured member complaints are:

1. "I don't find my family dentist among those on the panel!" - and indeed, it would be unusual if one did so find.
2. "I am reluctant to break up a satisfactory patient/dentist relationship." How do I know the cap program dentist(s) are as competent and experienced as my own dentist?
3. "None of the offices of the dentist on the panel are as convenient for me as my present dentist" - location, parking, access etc.
4. "The choice of a dentist (even access to a dentist) is non-existent outside of the urban centres in Manitoba.

To the extent these concerns may be both real and widespread, an employer may have a number of unhappy employees who may not be willing, or certainly "as willing", to seek dental treatment on a regular basis.

As a result, there has been a strong lobby for government regulatory intervention in the United States (38 states) requiring that the patient be allowed freedom of choice when selecting a dental practitioner, and I understand that lobby (Canadian Dental Association) is urging provincial governments in Canada to introduce similar legislation.

Accordingly, as an employer, I would at least be sensitive to the issue of choice and consider, as part of the plan design, the dual choice option; i.e. give each employee the option of continuing to see one's own dentist under the traditional fee for service plan, or to become part of the capitation program. However, the capitation plan usually provides superior coverage as an incentive.

The capitation administrator will have to ensure the panel of dentists are conveniently distributed geographically.

To defuse the competency issue, usually only established dentists with a minimum number of years of experience and reputations for quality care are contracted as part of the panel; only a portion of the dentist's practice time (for example, 20% to 30%) is purchased; and dentists working under the program are subject to a peer review process which is not normally a part of the traditional fee for service dentistry.

What this suggests to both employers and employees is that the plan sponsor and the plan members will need complete information as a basis of an informed decision by each member/family; in particular:

- the differences, if any, in the covered services under the fee for service versus the capitation plan
- any other consequences of choosing one over the other, including the impact on costs of fee for service and the capitation plan if any anti-selection is implicit in the plan design or choices.

- living with the choices (at least for a time, where one subsequently perceives that a wrong choice may have been made).

The second issue I want to examine is that of **price**.

It is apparent that the main motivation for capitation programs is price driven - i.e., the purported reduction in short and longer term costs of 15%-30%, and as an employer who may be paying the relatively high cost of the benefit as part of the total compensation package (+1% or more of payroll), there is a certain appeal or attraction to numbers like that.

Even if those purported savings don't materialize, the capitation contract (with its three year rate guarantee) makes the employer's costs more predictable and manageable (from a budgeting point of view) and any potential for longer term rate increases is reduced or eliminated as the dentist is the one at risk for the ultimate cost of treatments as long as the dentist remains under a contract.

Administration should be simpler and more convenient from both an employer and employee point of view:

- claim forms not required
- pre-determination of (more expensive) services eliminated.

For an employee, there is no cash outlay at the time of service (prepayment for the service for which reimbursement is made by the plan and usually no deductibles or co-insurance). If there are, the patient is billed (later).

The traditional fee for service plans may or may not allow for assignment of payments directly to the dentist, (many discourage assignments as a claim control feature) and many dentists will not accept assignments even if the plan purports to pay 100% of the cost of the insured service.

The capitation program is always on the "current" Provincial Dental Fee Scale as it were, and all pre-existing conditions are (usually) covered - hence, it's virtually "hassle-free" for an employee. Sounds great! But now I start thinking like a typical employee - If a capitation plan is going to lower the costs to the employer, why shouldn't the employer share some or all of those savings with me as an employee - by way of increased benefits or services, or changes to the compensation package, particularly if it previously was a negotiated benefit involving trade offs between direct and indirect compensation.

Finally, service or patient care.

The underlying premise of the capitation program is that most dental diseases are predictable and preventable, that the costs can be actuarially determined, and that the program places constraints on the temptation of the dentist to over-service the patient or over-utilize the plan, and that the program will better address the total needs of the patient by encouraging good dental hygiene.

The chief criticism of the fee for service delivery system is that it is built on "sickness" rather than "health" or good dental hygiene (i.e. it is not in the dentist's self interest to ever bring a patient to a state of good hygiene), that there is no incentive to hold down the costs either by the patient or the dentist.

The corollary of this reasoning then, is that the only way the purported 15%-30% cost savings can be realized is by either taking money away from dentists by paying less for the same level of servicing on average, or the potential for undertreatment by reducing services/benefits to the patient.

It is debatable whether dental capitation programs will or will not result in a lower level of service and a deterioration in dental health of the clientele over the short run, **and it's not an issue I intend to arbitrate!** But the issue may be worrisome to the plan members and compromise somewhat one objective of the benefits package in the first place, namely, overall employee satisfaction and well being.

In summary, as an employer:

I like the price (lower costs, the rate guarantee, the disincentive to over-utilization/over-servicing, the incentive to hold down costs, and the simplified administration) and would expect happier employees if I improved the benefits to them as a consequence. However, I would be conscious of the potential backlash of unhappy employees regarding the issues of choice and would support a Peer Review mechanism and a Grievance or Review, etc., to resolve problems.

As an employee:

I would like the simplified administration (no claim forms, no cash outlays) and the improved benefits, if any, as a consequence of an enlightened employer passing his erstwhile cost savings through to me in the form of better benefits - a bigger bang for the same buck!

But I would complain about choice (any inconveniences re access, and certainly any poorer level of service or under-treatment I perceived as a result of the capitation program). Even with dual choice, if I chose to remain with my own dentist, I would question why I got less services than the employee next to me under the capitation plan. After all, we both work for the same company!

So, where am I personally on the issue as an employer? employee? - still on the fence!

December 4, 1987/pl

Appendix E

BUDGET
DIALOGUE IN DENTISTRY

Computer Hardware and Software	\$6,000 - \$7,000
Analyst (Dentist - per diem) Comment - Training time plus analysis time - approximately 100 days at \$400	\$40,000
Secretary - Half-time plus benefits	\$10,000
Rental for Office and Filing Space	\$5,000
Telephone and Long Distance Charges	\$5,000
Stationery and Postage	\$3,000
Fax Charges	<u>\$1,000</u>
TOTAL	\$70,000 - \$71,000
Income from analysis charged at \$50.00 per hour to the province requesting the analysis	\$20,000
NET COSTS	\$50,000 - \$51,000

This draft budget reflects costs for the first and second years. If business required it, we would move to a full secretary and more analysis time.

We have to plan for a budget of \$60,000 to \$70,000 on an annual basis, which, if all the provinces were to participate, would be based on \$5.00 funding per dentist.

METHODS OF COST CONTAINMENT

Advantages

Disadvantages

CO-PAYMENT OR CO-INSURANCE

The percentage of the dentist's fee that the patient must pay.

- Involves the patient financially as a partner in good dental care and hygiene. Because they do not encourage regular dental care, co-payments should not be applied to preventive services such as basic restorative, endodontics, periodontics, and surgical services. Co-payments should be applied *only* to more extensive services such as:
 - prosthetics (crowns, bridges, dentures, etc.), with a 20% to 50% co-payment;
 - orthodontics with a 40% to 60% co-payment.
 It is better to have a co-payment on a treatment than to not cover the treatment at all.

- *None.* Basic preventive care is available to the patient. If more extensive services are required because of lack of proper basic care, the patient should be involved financially with further treatments through the use of co-payments.

DEDUCTIBLES

The amount the patient must pay before he receives any reimbursement from the plan.

- Deductibles can reduce the cost of the plan.
- Deductibles are a short-term solution. However, in the long-term, because the first dollar paid is the deductible, this method of cost containment could inhibit basic diagnostic and preventive care. This lack of care often leads to more extensive and expensive dental services.

Ontario Dental Association Guide to Dental Cost Containment

*How to reduce
your dental
plan costs*

FEE GUIDE

The use of the Current ODA Suggested Fee Guide for General Practitioners.

- The current ODA Fee Guide contains code updates that reflect changing technology, which may result in savings. However, an employer may find it advantageous to use a previous year's Fee Guide so he can effectively budget his increases.
- An outdated Fee Guide creates another level of co-payment, which might disgruntle employees.

ANNUAL MAXIMUMS

*Basic Restorative: \$1,000
Major Restorative: \$1,000 to \$2,000
Orthodontics*: \$1,000 to \$2,000
Lifetime

- Annual maximums help to control the cost of the plan. They assist the patient with the primary costs. Additional care requirements may be the result of neglect, and therefore that cost should be absorbed by the patient.
- If the maximum is too low, the patient might delay necessary care until the annual period has expired and a new maximum is in place.

ASSIGNMENT OF BENEFITS

The dentist is paid directly by the plan administrator.

- There are perceived advantages such as ease of payment for the patient and reduced paperwork for the employer.
- The dentist sends the claim form directly to the carrier, so the patient is unaware of the cost of the procedures performed. The patient is also unaware of how much his employer is contributing. Assigned claims may be as much as 30% higher than non-assigned claims.

ALTERNATE BENEFIT CLAUSE (ABC)

This clause limits liability to the least expensive treatment which will produce a professionally adequate result.

- There may be some savings for the employer. The insurance company, by invoking an ABC, reduces its liability while introducing a lower level of care.
- The Alternate Benefit Clause can be a source of contention between the patient, dentist and the insurance company. Patients get angry when the plan won't pay for benefits. For them, the use of ABCs implies that the dentist's treatment plan is inappropriate, unnecessary or "too expensive".

FUNDING METHODS

FULLY POOLED

About 50 to 60 cents of every \$1 goes to dental care. The employer shares the risk with an insurance company and with other purchasers of similar size or description.

- If the pooled fund is making money for the insurance company, the employer's renewal is appropriate to his rate of utilization.
- If the pooled fund is losing money for the insurance company, the employer's renewal is increased beyond his rate of utilization. The employer pays heavily for risk-sharing.

EXPERIENCE RATED

About 70 to 80 cents of every \$1 goes to dental care. The risk is managed by the insurance company, with the purchaser sharing in the losses and/or the profits.

- The employer's renewals are based upon his own experience, and not that of anyone else.
- The employer may pay for less risk-sharing but he assumes more liability for his own claims experience.

ADMINISTRATIVE SERVICES ONLY (A.S.O.)

*About 95 cents of every \$1 goes to dental care.
Claims are administered by a third party but the
risk is assumed by the purchaser.*

- Most of the dental care dollars are paid directly into dental care. Dental claims are sufficiently predictable that the risk is easily budgetable.
- The employer assumes all risk and pays 5% to a third party for claims adjudication.

DIRECT REIMBURSEMENT

*Fully \$1 of every \$1 spent goes toward dental care.
This is a self-insured/self-administered method
of dental payment.*

- 100% of every dollar the employer spends is applied directly to dental care.
- The employer assumes all risk as in A.S.O. However, he must become involved with claims administration.

CAPITATION

*A fixed sum is paid to the dentist for the patient and/
or the family. The dentist receives a fixed sum,
irrespective of the level of patient utilization or care.*

- Employers may perceive an advantage. Since there are no claim forms, there is less paperwork for them. Also, since utilization is indirectly controlled, there may be fewer claims.
- For the employee, the freedom to choose or remain with the dentist of choice is lost. Employee relations may suffer as a result. Because the risk is transferred from the insurance company to the dentist, and ultimately to the patient, the level of care may suffer. The only winner under this plan is the capitation promoter, who is guaranteed higher profits.



THE ONTARIO
DENTAL ASSOCIATION
234 St. George Street
Toronto, Ontario
M5R 2P1
(416) 922-3900

PROFESSIONAL RESOURCE UTILIZATION COMMITTEE

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. B.W. Holmes, Chairman - Kenora
Mrs. Pat Johnson, Willowdale
Dr. K.C. Bentley, Montreal
Dr. Wm. Bedford, Ottawa
Dr. Robert Salois, Sherbrooke
Rev. Rondo Thomas, Scarborough

Executive Dr. Don E. MacFarlane, Vancouver
Liaison:

Coordinator: Mrs. Sandra Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The committee has not met since the last Board meeting.

1. On July 24, 1987, a letter was sent to all Deans of Canadian dental faculties requesting enrollment statistics. A summary of enrollment is appended. The figures for 1986-87, and 1987-88 are history. The figures for 1988-89 are probable and the figures for 1989-90, although speculative, are possible. If the reductions take place as indicated and the attrition is 4-5%, the final result would be close to the 30% reduction suggested by our committee.

APPENDIX 1

2. On December 4, 1987, the Chairman of PRUC along with the President and Executive Director of CDA met with Dean Beagrie and Dr. Boyd to discuss the report on The Future of Dentistry. The report was prepared by a committee of eight members under the chairmanship of Dr. Marcia Boyd and John Diggins. The bottom line of the recommendations pertaining to UBC enrollment was a reduction of 8 students or 20%. In our discussions with Dr. Beagrie he indicated this reduction was feasible and would probably be initiated in the 1988-89 academic year.

We also discussed the Task Force on the Future of Dentistry being developed by ACFD. CDA will be involved in developing the terms of reference for this task force as well as having membership on it.

3. Dr. Gordon Thompson, Dean of the dental school at Alberta, is in the process of developing an epidemiological study which would satisfy the concerns of the Deans' committee as well as provide essential information on future planning. Currently a proposal has been submitted to government for funding which would use a broad population base in Alberta. This program would then be developed on a national basis.

-
4. On December 14, 1987, the Chairman of PRUC met with Dean Zakariasen and Dr. Larry Meskin to discuss current trends in dental school enrollment and recent data on demands for dental services by the U.S. population. The CDA was pleased to receive Dean Zakariasen's invitation to take part in Dr. Meskin's presentation to the Dalhousie dental faculty.

A luncheon meeting with Drs. Ken Zakariasen, Larry Meskin, Bruce Graham, Brad Holmes and Mr. Brian Christie from the Dalhousie Accounting office, gave opportunity to discuss CDA's involvement and direction in dental school enrollment. A number of items were discussed and bear comment.

- a) Dr. Meskin felt that the profession in Canada was handling the manpower issue in a responsible manner. He was impressed with the degree of co-operation between the professional association and the academic community.
- b) There is an ideal opportunity for data collection on a national basis. A program developed at the University of Minnesota could be easily adapted to Canadian needs. A large number of practitioners across the country would fill in a report of all services, codes and fees provided in their offices over a 3-day period. This would be done on an annual basis and would not entail much work on the part of participating dentists. Dr. Larry Meskin and Dr. Les Martens from the University of Minnesota would be able to help with the logistics of such a program. Dr. Zakariasen indicated that Dalhousie would be prepared to collect and analyse the data according to the U of M format. This was enthusiastically supported by everyone. Much valuable information has been collected in this manner in the U.S.
- c) Applicant pools for admission to dental schools have dropped dramatically in the U.S. Dr. Meskin spoke of certain schools with a 1-1 ratio and even accepting a 2 point grade average. This scenario is not desirable and the profession should do all possible to avoid the problem in Canada.
- d) Recent statistics show that there will probably be an increase in demand for dental services from the elderly. Dr. Meskin showed data which indicates a greater number of elderly people who have had high quality dental care will continue to demand this care in their retirement years.

PROFESSIONAL RESOURCE UTILIZATION COMMITTEE

- 3 -

-
5. In discussions over the past few months with members of the profession, it has become apparent that there is a great need for a process whereby future manpower predictions can be made with as much accuracy as humanly possible. With proper indicators and methods, we should not reach a position of a gross over or under supply of dental manpower, and I believe it should be CDA's goal to help develop and organize a method of assessment of dental resources.

Respectfully submitted,

Bradley W. Holmes, D.D.S.
Chairman, Professional Resource
Utilization Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Professional Resource Utilization Committee with appreciation.

APPENDIX 1

SUMMARY OF ENROLLMENT

<u>University</u>	<u>1986-87</u>	<u>1987-88</u>	<u>1988-89</u>	<u>1989-90</u>
Alberta	50	50	50	40
B.C.	40	40	32	32
Dalhousie	40	32	32	32
Manitoba	25	25	25	25
McGill	40	40	24	24
Saskatchewan	21	21	21	21
Toronto	104	104	80	64
UWO	40	40	36	36
	—	—	—	—
TOTAL	360	352	300	274
Places Reduced		8	60	86
% Reduction		2.2 %	16.7 %	23.8 %
			plus attrition	
Laval	48	46	46	46
Montreal	85	85	85	85

ROLES AND RESPONSIBILITIES

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Kevin Roach, Chairman - Pembroke
Dr. Jack Niedermayer, Regina
Dr. Robert Hicks, West Vancouver

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

Since the Committee's last report to the 1987 Interim Meeting, no meetings have been held; all business has been conducted through correspondence and telephone.

ITEMS REQUIRING BOARD ACTION

2. Council/Committee Structure

APPENDIX A

At the 1987 Interim Meeting, the Board approved definitions for Councils, Committees of Executive Council, and Committees of the Board of Governors. The Roles and Responsibilities Committee was directed to carry out further investigation of the current CDA Council/Committee structure to identify the type of structure required by certain activities and to identify which of the current councils and committees fit into each of the newly approved definitions.

Input was requested from all Chairmen and the following recommendations reflect unanimous or decisive views:

RESOLVED:

88.28 THAT the following be confirmed as Councils:

Executive
Education and Accreditation
Insurance and Investment
Constitution and By-Laws

ADOPTED

ROLES AND RESPONSIBILITIES

- 2 -

RESOLVED:

- 88.29 THAT the following be designated Committees of Executive Council:

Convention
Consumer Products Recognition
Dental Materials and Devices
Dental Specialties
Government Relations
Nomination, Awards and Trusts
Management
Membership Services
Publications
Salaried Dentists
Taxation
Third Party

ADOPTED

RESOLVED:

- 88.30 THAT the following be designated Committees of the Board of Governors:

Ethics
Health Care
Hospital and Institutional Services
Information Services
Student Affairs

ADOPTED

RESOLVED:

- 88.31 THAT the Council on Constitution and By-Laws be requested to prepare the necessary by-law amendments to effect the above changes.

ADOPTED

3. Terms of Reference - Executive Liaison

The Executive Council directed that the Roles and Responsibilities Committee review the existing terms of reference for Executive Liaisons and recommend changes to better reflect the current responsibilities.

APPENDIX

RESOLVED:

88.32 THAT the appended Terms of Reference for
Executive Liaison be approved.

ADOPTED

Respectfully submitted,

Kevin Roach, D.D.S.
Chairman

ADOPTION OF REPORT

The Board of Governors accepts the report of the Roles and Responsibilities
Committee with appreciation.

Councils

A Council is a body whose activities and membership must have the protection of the Constitution and By-Laws, so that a multi-review process is required for change. From the purview of the membership and/or the public, its activities should appear to be just, honest and its membership properly representative of the geographic regions of Canada. In addition, members must display certain talents and/or experience that qualify them for such responsibility.

Committees of Executive Council (Standing and/or Ad Hoc)

A Committee of Executive Council is a body which functions as a task oriented working group. Membership and size of these entities should be subject to determination by Executive Council as priorities dictate. Membership should be by appointment of the President on recommendation of the Executive Council, to ensure expertise requirements. Regional representation should be a consideration, but not a requirement.

Committees of the Board of Governors

A Committee of the Board of Governors is a body which maintains on-going long-term activities in which the Association considers involvement to be important. Such committees would be subject to the elective process. Regional representation (Atlantic, Pacific, Central) would be an important consideration in establishing the membership of these Committees.

EXISTING
TERMS OF REFERENCE
EXECUTIVE COUNCIL LIAISON

THAT Executive Council liaison be established with all other Councils of CDA.

THAT the following Management Committee recommendations re Guidelines and Terms of Reference for Executive Liaison appointees were adopted by the Board.

- 1) The Executive Liaison person will be a member of Executive Council and will be appointed annually by the President.
- 2) Appointments will be made to Councils, Committees, etc. of the Association and will include all Committees and Sub-Committees of a Council, as a liaison duty.
- 3) Attendance will be required at all Council meetings possible and such other Committee and Sub-Committee meetings of Council which, in the opinion of the Executive Liaison person are deemed advisable.
- 4) The Executive Liaison person will be an ex-officio member of the Council without a vote on Council but with the right to attend all sessions of Council or Committees and/or Sub-Committees, including "in-camera" sessions.
- 5) The Executive Liaison person will be bound by the same rules of Councils, Committees and Sub-Committees as apply to elected Council members.
- 6) The Executive Liaison person will endeavour to convey and interpret all regulations, motions and opinions of the Board of Governors, Executive Council and the President of the Council, and in turn will endeavour to convey the opinions of the Council.

Adopted - 1977

TERMS OF REFERENCE

EXECUTIVE COUNCIL LIAISON

- 1) The Executive Liaison will be a member of Executive Council and will be appointed annually by the President.
- 2) Appointment will be made to all Councils, and Committees of the Association and will include all committees and sub-committees of a Council, as a liaison duty.
- 3) The Executive Liaison will be a non-voting member of the Council or Committee with the right to attend all sessions of council or committees and/or sub-committees, including "in-camera" sessions.
- 4) The Executive Liaison will be bound by the same rules of Councils, Committees and Sub-Committees as apply to elected or appointed Council and Committee members.
- 5) The Executive Liaison will endeavour to convey and interpret all regulations, motions and opinions of the Board of Governors, Executive Council and the President to the Council or Committee, and in turn will endeavour to convey the opinions and activities and their associated budgetary expenditures of the Council or Committee in the absence of the Chairman to Executive Council.
- 6) The Executive Liaison will be aware of all activities of Councils and Committees to which they are assigned, and consult with the Chairman and staff on the necessity for the scheduling of meetings.
- 7) The Executive Liaison will determine, in consultation with the Chairman and staff, if attendance of the Executive Liaison at meetings is cost-effective. Attendance at all Council/Committee meetings is not required.

Approved CDA Board of Governors
March 1988

FDI NATIONAL TREASURER

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

1987 FDI ANNUAL WORLD CONGRESS

BUENOS AIRES, ARGENTINA

OCTOBER 24-30, 1987

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

An interesting and exciting 75th Annual World Dental Congress was successfully staged by the Argentine Organizing Committee in Buenos Aires from October 24-30, 1987. The week was filled with varied scientific presentations and FDI business meetings. Approximately 4,000 dentists registered at the Convention with 2,250 participating from Argentina.

At the General Assembly business meetings, Canada was officially represented by Dr. Ron Markey, CDA President; Dr. Robert Hicks, FDI National Treasurer - Canada; and Dr. George Beagrie, Chairman - FDI Commission on Dental Education and Practice. Alternate delegates were Brig.-General James Wright, Brig.-General Fred Begin and Dean Ralph Barolet. CDA's Executive Director, Mr. Jardine Neilson, was also in attendance.

One of the highlights of the meeting for the Canadian Delegation was to witness the election of Brig.-General William Thompson - Canada as Treasurer of the FDI. Dr. Thompson has been active for many years in FDI rising to the level of counsellor a few years ago. His election, by peers from around the world, displayed the highest esteem they hold for our dental colleague from Canada.

Recognition of the significant work and support provided to the FDI by another Canadian was highlighted when Professor George Beagrie was awarded the FDI Merit Award by the General Assembly. Dr. Beagrie has recently retired as Chairman of the Commission on Dental Education and Practice.

Brig.-General James Wright - Canada was re-elected Vice-Chairman of the Commission on Dental Forces Dental Services and continued to act as the leader of Working Group No. 4 - Dental Equipment in the Field.

As you can see, Canadian dentists can be very proud of these colleagues who hold high level positions in the international dental world through FDI.

The following Canadians also participated in the following FDI Commissions:

Commission on Oral Health, Research and Epidemiology

- Dr. M. Williamson
- Dr. W. Bedford
- Dr. M. MacEntee
- Dr. D. Kandelman

Commission on Dental Education and Practice

- Dr. G. Beagrie - Chairman
- Dr. E.R. Ambrose
- Dr. D. Donaldson
- Dr. R.B. Gilliland
- Dr. G. Kravis
- Dr. M. MacEntee

Commission on Dental Products

- Prof. D.S. Smith
- Dr. H. Bridges
- Dr. F. Pulver
- Dr. G. Lovas
- Dr. C. Torneck
- Dr. R. Barolet

Commission on Dental Forces Dental Services

- Brig.-General J. Wright - Vice-Chairman
- Brig.-General F. Begin

Scientific Program

The Scientific Program in Buenos Aires was one of the most extensive ever. The three main themes were:

Occlusal Function and Treatment Needs
- Myths and Realities

Modern Restorative Dentistry
- The Key to a Successful Practice

The Practical Approach to Periodontal Treatment

In addition, Open Sessions were organized by FDI Commissions i.e.:

- Identification of High Caries Risk
- Changing Patterns in Oral Health and Implication of Oral Health Manpower
- FDI/WHO Guidelines on Manpower Planning

A Military Conference was also held by the Commission on Dental Forces Dental Services.

A special presentation by Dr. Jens Pindborg of Denmark on AIDS was extremely well attended and was the subject of much media interest.

Highlights of the FDI Business Meetings

1) Finance

The 1986 Financial Statements showed a deficit of U.S. dollars \$9,973. While revenue was greater than in 1985, expenditures were also greater than 1985 due to budgeted headquarters office expenses.

Actual income in 1986 was less than the budget estimated due to a reduction in the number of individual dentists joining FDI. Canada was identified as one of the countries who suffered a significant loss in individual FDI membership in 1986. When individual memberships are reduced, pressures are placed on supporting member national dental associations to provide the necessary operating funds.

A rebate program, which benefits those countries who increase their annual individual FDI membership, was approved in an effort to improve individual member support. With a reduced base to work from, Canada is in a good position to take advantage of this new rebate offer with an aggressive FDI membership program.

Locating the FDI Congress in Latin America produced significant first-time membership and participation from many Latin American dentists. In addition, Ecuador, Brazil, El Salvador, Venezuela and Nicaragua all became new Supporting Members of FDI. These factors help, all be it in a small way, to broaden the financial support of FDI.

With Turkey also joining, seventy-six (76) countries are now represented through their dental associations in FDI.

The General Assembly approved a 1988 Budget, showing income of U.S. dollars \$924,500 and expenditures of \$922,680 (U.S.).

The expenditure budget has been increased 8.42%.

2) FDI/WHO Partnership

An "Expanded Oral Health Program through Partnership between FDI and the World Health Organization" was approved at the 1987 meeting.

A new document was presented, following concerned debate in 1986, which specified that any involvement with WHO, by the supporting member associations of FDI, would be entirely voluntary. The Advisory Board of the Program is structured with a majorities of FDI members. The cost to the FDI will be minimal.

Canada has participated in this type of program on a voluntary basis in St. Kitts and in Haiti. This new structure is familiar to Canada and we encourage other nations to participate in FDI/WHO sponsored projects.

A series of material designed to equip and inform dentists in the face of the AIDS epidemic is to be launched by the two organizations in 1988.

3) FDI Task Force Report

All business meetings of the FDI were dominated by the report of the Task Force Committee set up in Manila in 1986. The Committee's report made extensive recommendations for change within the FDI's organization and structure. The objectives of the report were to improve the effectiveness of the organization, to improve communication within the organization, to improve and stabilize the financial support and to make more efficient the business procedures during the Annual FDI Congresses.

While many of the Task Force recommendations were implemented at the Buenos Aires Meeting, there were a number of well debated issues that could not get majorities support at the meeting.

On the last day of the business meetings, the General Assembly instructed the FDI Council to hold a extraordinary meeting in London in May, 1988 so that it can formulate draft amendments to the Constitution which can be considered at the 1988 Washington, D.C. Annual FDI Congress. These amendments will affect supporting membership subscriptions (i.e. the financial "formula" used to determine individual national associations supporting member FDI dues) and the structure of the FDI including the Scientific Commissions and certain committees.

4) Future Congresses

The 76th FDI Annual World Dental Congress will be held in Washington, D.C., U.S.A. on October 8-14, 1988. This meeting will be held jointly with the Annual Session of the American Dental Association.

It is important to note that Canadian dentists should register for this FDI Congress before June 30, 1988.

The ADA/FDI Joint 1988 World Dental Congress enrollment fees paid before June 30, 1988 are:

ADA Affiliate Member and

FDI Member \$100.00 U.S.
CDA Member and FDI Member \$200.00 U.S.
Dental Student \$50.00 U.S.
Accompanied person \$50.00 U.S.

All fees are increased U.S. dollars \$50.00 as of June 30, 1988.

This early registration recommendation will be publicized in the CDA Journal for the benefit of our members.

Future Congress sights are:

1989	-	Amsterdam, Netherlands, September 2-8
1990	-	Singapore
1991	-	Milan, Italy
1992	-	Frankford or Berlin, West Germany
1993	-	Gothenburg, Sweden
1994	-	Vancouver, Canada
1995	-	Hong Kong

It is important to note that, following a meeting between FDI and CDA representatives in Buenos Aires, Canada received the final approval to host the 1994 FDI Annual World Dental Congress.

5) Technical Reports

The following FDI Technical Reports were approved at the 1987 meetings:

- a) Commission of Dental Education and Practice
 - The capital impact of Changing Disease Trends on Dental Education and Practice.
- b) Commission on Dental Products
 - Recommendations in Dental Mercury Hygiene
 - Guide to Use of Cements for Luting Fixed Restorations

c) Commission on Oral Health, Research and Epidemiology

- Review of Methods of Identification of High Caries Risk Groups and Individuals

6) Election of Officer

The following persons were elected to the senior offices of the FDI:

President - Dr. C. Williams - U.S.A

President-Elect - Dr. R. Gonzales - Spain

Vice-President - Dr. F.P. Bowyer - U.S.A.

Dr. L. Telivuo - Finland

Treasurer - Dr. W. Thompson - Canada

Counsellors - Dr. H. Erni - Switzerland

Dr. P. Hanedoes - Netherlands

Belgium legal representative - Dr. S. Hanson - Belgium

In conclusion, the 1988 FDI Annual World Dental Congress in Buenos Aires was a true success. With concerns of poor attendance existing prior to the meeting, the Latin American dentists strongly supported the event to turn it into the success it was. Canada's attendance eighty-three (83) dentists was the seventh highest amongst all nations attending.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
FDI National Treasurer - Canada

ADOPTION OF REPORT

The Board of Governors accepts the report of the FDI National Treasurer with appreciation.

COUNCIL ON CONSTITUTION & BY-LAWS

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. G.H. Peacock, Chairman, Saskatoon
Dr. M.J. Crompton, Moncton
Dr. M.J. Leitch, Kelowna
Dr. R.R. Schiewe, Thunder Bay

Executive Liaison: Dr. R. Wenn

Coordinator: Mrs. S. Deziel

1. Council Meetings

Since the 1987 Annual Meeting of the Board, all items requiring action were handled through a Conference Call on January 7, 1988, or through written correspondence.

ITEMS REQUIRING BOARD ACTION

At the 1987 Annual Meeting of the Canadian Dental Association, directions were given to the Council on Constitution and By-Laws to prepare necessary amendments to incorporate action approved by the Board of Governors during the Annual Meeting.

2. Council on Health Care

Resolution of the 1987 Annual Meeting:

MOTIONS

THAT the Council on Health Care be re-structured to a Standing Committee of Executive Council, utilizing as an interim core, the current Executive Committee of Health Care, and

THAT the Council on Constitution and By-Laws proceed with the necessary By-Law amendments.

RESOLVED:

APPENDIX A

88.33 THAT Article XVI, Section 1 (a) be approved as amended.

ADOPTED

RESOLVED:

APPENDIX B

88.34 THAT Article XVI, Section 4 be approved as amended.

ADOPTED

3. Payment of Fees - Corporate Members

Resolution of the 1987 Annual Meeting

MOTION

THAT, by July 31 of the current year, the number of paid-up active members of CDA, together with licensed life members, guarantee the count for board seats for the Annual and next following Interim Meeting of the Board.

THAT the previous year's figures may be utilized for this purpose, given that, by July 31, fees for the current year are paid based on these figures.

THAT only those active members paying the full CDA fee will be counted, with the exception of provisions outlined in CDA Policies for the payment of fees for student graduates and first-time CDA members.

THAT the Council on Constitution and By-Laws be directed to make appropriate by-law amendments.

RESOLVED:

APPENDIX C

88.35 THAT Article XVIII be approved as amended.

ADOPTED

4. Corporate Members and Licensing Body Fee

Resolution of the 1987 Annual Meeting

MOTION

THAT the Council on Constitution and By-Laws be directed to present amendments to the By-Laws at the next meeting of the Board of Governors with regard to fees paid by Corporate Members and Licensing Bodies, delineating

- a) their intent and purpose
- b) their derivation and
- c) the timing of payment and penalties for non-payment.

RESOLVED:

APPENDIX D

88.35 THAT Article XIX be approved as amended.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

5. Council has received correspondence from the Secretary of the Canadian Academy of Oral Radiology respecting a proposed change to their Constitution and By-Laws. The proposed changes were deemed not to be in conflict with the CDA Constitution and By-Laws. Council will await the Academy's acceptance of the changes prior to acknowledging approval.
6. Council wishes to acknowledge Dr. E.F. Allison, our previous Executive Liaison. His contributions to the business of Council were most valuable and appreciated.
7. Members of Council acknowledge with sincere appreciation the efforts of Mrs. Sandra Deziel and other members of CDA Staff.

Respectfully submitted,

G.H. Peacock, D.D.S.
Chairman

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Constitution and By-Laws with appreciation.

APPENDIX A

CURRENT

ARTICLE XVI

Section 1 - Councils and Committees

(a) Councils

The Councils of the Association shall be

Constitution and By-laws
Dental Materials and Devices
Education and Accreditation
Ethics
Health Care
Hospital and Institutional Services
Information Services
Insurance and Investment
Nominations, Awards and Trusts
Student Affairs

PROPOSED

ARTICLE XVI

Section 1 - Councils and Committees

(a) Councils

The Councils of the Association shall be

Constitution and By-laws
Dental Materials and Devices
Education and Accreditation
Ethics
Hospital and Institutional Services
Information Services
Insurance and Investment
Nominations, Awards and Trusts
Student Affairs

APPENDIX B

CURRENT

ARTICLE XVI

Section 4 - Terms of Reference for Councils

(e) Council on Health Care

The Council on Health Care shall consist of one voting member from each corporate body, one voting member appointed by the Canadian Dental Hygienists' Association, one voting member appointed by the Canadian Dental Assistants' Association and a Chairman. The Canadian Dental Association shall have no financial responsibility for non-members of the CDA.

Following the selection of the Chairman of the Council on Health Care by the Executive Council, the President of the Canadian Dental Association, in consultation with corporate body from which the Chairman is selected, is authorized to appoint another representative from that province to fill the vacancy on the Council.

It shall be the duty of the Council on Health Care:

- (i) to gather and evaluate information to formulate position papers and guidelines, and to make recommendations to the Board of Governors on matters relating to dental health care, dental programs and auxiliary personnel;
- (ii) to review by appropriate means all methods of reducing oral disease and to formulate guidelines for their implementation;
- (iii) to be cognizant of programs and methods of providing dental services and to develop related policies and guidelines;
- (iv) to study matters and to develop guidelines relating to the development and utilization of auxiliary dental personnel;
- (v) to liaise with appropriate agencies and to identify resource personnel and documents relating to the above;
- (vi) to act upon any related matter that may from time to time be assigned by the Executive Council.

PROPOSED

ARTICLE XVI

Section 4 – Terms of Reference for Councils

- (a) Council on Constitution and By-laws
- (b) Council on Dental Materials and Devices
- (c) Council on Education & Accreditation
- (d) Council on Ethics
- (e) Council on Hospital & Institutional Services
- (f) Council on Information Services
- (g) Council on Insurance and Investment
- (h) Council on Nominations, Awards and Trusts
- (i) Council on Student Affairs

The change would involve the elimination of the terms of reference for the Council on Health Care listed as (e) and the re-numbering of (f), (g), (h), (i), as indicated above.

APPENDIX C

CURRENT

ARTICLE XVIII

LIST OF ACTIVE MEMBERS

A list setting forth in alphabetical order the names and addresses of all licensed dentists recommended by each Corporate member for admission to and/or continuance of Active membership shall be submitted annually, on or before July 31st in each year.

Forthwith upon the admission of any Individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a Corporate member shall be deemed to be an applicant for membership in the Association unless, within thirty days of receipt of such application of his membership card in the Association, he shall notify the Executive Director that he does not desire to be or to continue to be a member.

PROPOSED

ARTICLE XVIII

LIST OF ACTIVE MEMBERS

A list setting forth in alphabetical order the names and addresses of all licensed dentists recommended by each Corporate member for admission to and/or continuance of Active membership shall be submitted annually, on or before July 31st in each year.

Subject to provisions contained elsewhere in these by-laws, the number of paid-up active members contained on this list, together with licensed life members, shall guarantee the count for Board seats for each Corporate Member for the Annual and next following Interim Meeting of the Board, notwithstanding that the previous year's figures may be utilized for this purpose, given that, by July 31, fees for the current year are paid based on these figures.

Forthwith upon the admission of any Individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a Corporate member shall be deemed to be an applicant for membership in the Association unless, within thirty days of receipt of such application of his membership card in the Association, he shall notify the Executive Director that he does not desire to be or to continue to be a member.

APPENDIX D

CURRENT

ARTICLE XIX

REVENUE

Section 1 - Derivation

The revenue of the Association shall be derived chiefly from membership fees from Active Members, the amount thereof to be determined by the Board of Governors. Fees that shall be forwarded by the Corporate members shall consist of a Corporate membership based on the number of members in the Corporation, and individual fees from CDA Active members, payable on March 1st of the calendar year. Fees for other categories of membership shall be collected by the Board of Governors.

Section 2 - Payable

There shall be due and payable by each Affiliate, Student and Supporting member an annual fee, the amount of which shall be determined from year to year by the Executive Council.

PROPOSED

ARTICLE XIX REVENUE

Section 1 - Intent and Purpose

The Association requires revenue to allow for the fulfillment of responsibilities and the support of principles outlined in Article IV, Section I: Mission Statement, and to effectively pursue the Objects and Purposes outlined in Article IV, Section II.

The revenues derived by the Association shall be utilized for this purpose.

Section 2 - Derivation

The revenue of the Association shall be derived chiefly from membership fees from Active Members, the amount to be determined by the Board of Governors. Fees that shall be forwarded by the Corporate Member shall consist of a Corporate Membership based on the number of members in the Corporation, and where applicable, individual fees from CDA members, payable on or before March 31 of the calendar year. Fees from Licensing Bodies as well as other categories of membership shall be collected by the Board of Governors.

Section 3 - Corporate Membership Fee

There shall be due and payable by each Corporate Member an annual fee, the amount of which shall be determined from year to year by the Board of Governors.

Revenue from the Corporate Member Fee shall pay for the services provided by the Association to the Corporate Body and shall be based on the number of its members.

Section 4 - Licensing Body Fee

There shall be due and payable by each Licensing Body an annual fee, the amount of which all be determined from year to year by the Board of Governors following consultation with the Licensing Bodies. Revenue from the Licensing Bodies shall pay for services provided by the Association to the Licensing Bodies and to support the education and accreditation process of the Association. The amount of the Licensing Body fee shall be based on the number of dentists licensed by the Body.

Section 5 - Payable

There shall be due and payable by each Affiliate, Student and Supporting member an annual fee, the amount of which shall be determined from year to year by the Board of Governors.

COUNCIL ON DENTAL MATERIALS AND DEVICES

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Council Members: Dr. R.Y. Barolet, Chairman - Montréal
Dr. P. Desautels, Montréal
Dr. L. Johnson, London
Dr. R. Roydhouse, Vancouver
Dr. D. Smith, Toronto
Dr. P.T. Williams, Winnipeg
Dr. P. Blais - Observer, Health & Welfare
Canada

Executive Liaison: Dr. B. Sigfstead, Edmonton

Coordinator: Ms. Janice Forsythe

1. Council Meeting

The Council met for the first time this year on January 18, 1988 in Ottawa. The meeting was most successful and covered a number of varied topics.

ITEMS REQUIRING BOARD ACTION

2. The Use of Mercury in Dental Amalgam

The Council reviewed, once again, its position on the use of mercury in dental amalgam and did not feel that the information provided from various sources since its last meeting was conclusive enough to make Council members reverse its position. (See Report to the 1987 Board of Governors for details.)

Discussion led, however, to the increasing practice of removing perfectly good amalgams and replacing them with composites simply because of the slight risk of possible effects of the mercury. The Council therefore makes the following recommendation:

RESOLVED:

- 88.37 THAT the Council on Ethics be asked to develop a statement on the replacement of serviceable amalgam restorations in patients who are not allergic to mercury.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. Government Funding for Definitive Studies
of the Effects of Mercury in Dental Amalgam**

A letter is being sent to the Federal Minister of Health, with copies to the Medical Research Council of Canada and the Industrial Research Assistance Program, to strongly encourage government funding of university faculty of dentistry studies on the effects of mercury in amalgam. The letter will be drafted in conjunction with the Committee on Government Relations.

4. Expiry Date of Dental Materials

Dr. Jones reported that ISO Sub-committees 1 and 2 have finalized the wording for a recommendation on format for the expiry date of dental materials, along with issues related to other labeling concerns. Once this has been approved by the ISO, the Council will recommend to the Canadian Standards Association that this clause be incorporated into their standards.

Recommended Guidelines for Labeling of Dental Materials
Produced by Sub-committee 1 and Sub-committee 2 of ISO/TC106

The guidelines should include, where appropriate, the following:

1. the material's trade or brand name;
2. the manufacturer's name and address and/or agent in country of sale;
3. the type of material and its application given in clear language;
4. the USE BEFORE date beyond which the material may not exhibit its best properties;
5. any special storage conditions;
6. the mass and/or volume or number of dose units, etc.;
7. special indications or warnings, when necessary;
8. any pharmaceutically active ingredients when present and referred to in the material's claim or use;
9. manufacturer's batch reference.

5. Standards for Sterilizers

The Council recently wrote to the Canadian Standards Association encouraging the development of efficacy standards for sterilizers. Unfortunately, the CSA response pointed out that it guarantees electrical standards only. Assurance of efficacy would require clinical studies,

which does not fall within the mandate of the CSA. The need for faculty of dentistry studies will also be pointed out in the letter to Health and Welfare re: mercury in amalgam. The points which will be made will be:

- (a) clinical efficacy;
- (b) occupational safety; and
- (c) the need for alternatives to steam sterilization.

In addition, Dr. Blais is submitting to the Journal a two-part article on sterilizers which should be published this spring.

6. CDA Certification Program of Dental Materials and Devices

It has long been established, and the Council on Dental Materials and Devices maintains that a Canadian certification process for dental materials and devices is needed. It was felt at the last meeting this could be accomplished using ISO standards. After investigation of legal opinion, it was felt that such a process could be established by the CDA, without its incurring any legal liability. The main stumbling block to establishing certification is, therefore, that of a lack of funds.

A sub-committee, consisting of Drs. Barolet and Jones, and Mr. Henderson, has been struck to define the elements of the certification process, investigate funding, look into CDA's role in the whole process and report back to Council.

As a result of these discussions, the Council also decided that it should re-establish ties with the Dental Industries Association of Canada and invite a representative to attend Council meetings.

In addition, a workshop is being planned for the spring which will include representatives of CSA, DRIE, HPB, DIAC, and the Council on Dental Materials and Devices. The workshop's agenda will be generated by the participants, with the goal of simply opening up the lines of communication among organizations with mutual concerns. As this will be held in conjunction with a Council meeting, and invited organizations will be asked to fund their own representatives, there will be no cost implications for CDA. Results will be reported to the next Board of Governors Meeting.

6. Dental Identification Systems

Dr. Jones is writing to the ISO to suggest that international standards for dental identification systems be developed and brought forward to the next meeting in Washington for discussion.

7. Prophy-jets

Dr. Smith is conducting an on-going review of the literature pertaining to the hazards of aerosol sprays during the use of a prophy-jet. He will also contact the concerned manufacturers to see if they have done any studies. A report of his findings will be published in a future issue of the Journal of the CDA.

8. Appreciation

Once again, I would like to thank my colleagues on the Council and the CDA staff for their hard work on Council activities.

Respectfully submitted,

R.Y. Barolet, D.D.S., Chairman
Council on Dental Material
and Devices

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Dental Materials and Devices with appreciation.

COUNCIL ON INFORMATION SERVICES

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Council Members: Dr. Paul O'Brien, Chairman, St. John's
Dr. William Hettenhausen, Thunderbay
Dr. Gaston Lafrenière, Hull
Dr. Don Lauriente, Vancouver
Dr. Gregg Ritson-Bennett, Innisfail

Executive Liaison: Dr. Kevin Roach, Pembroke

Coordinator: Miss Linda Teteruck

1. Council Meetings

Council has met once since the last Board, on October 26, 1987. Mr. Mark Sarner was a guest at this meeting.

ITEMS REQUIRING BOARD ACTION

2. CDA Patient Information System

APP I

Over the past year, Council has discussed completely revamping CDA's current pamphlet program and supporting these with new fact sheet pads to create a patient information centre. We have spent considerable time assessing the demand for these materials and the most feasible way to finance this endeavour. Manifest Communications Inc. was requested to create a development and marketing plan for this project.

Two proposals are presented for Board approval:

1. A solely CDA sponsored endeavour
2. A sponsored program. The pamphlets would be corporately funded and the fact sheets would be CDA funded.

Under both proposals, Manifest would create the materials and staff would produce and manage the project. Manifest would obtain sponsors.

Under plan one, the program would be self supporting within a three year period. A corporately sponsored program would yield profits in year one. The success of both programs is dependent on fact sheet sales.

Council spent considerable time discussing these two proposals and particularly the pros and cons of a corporately funded endeavour. In past years, the pamphlets had been solely sponsored by CDA with no corporate identity. Council questioned the profession's perception of CDA if all the pamphlets were corporately funded.

Although Council agreed with the retention of a solely CDA identity in principle, we felt we could not ignore the financial implications of a corporately funded program. Under a sponsored program CDA would show a \$25,490 profit in year one and a \$251,630 profit by year three. This could not be ignored particularly in light of CDA's current financial constraints and the need for alternate sources of funding.

It was pointed out that CDA had not experienced any negative reactions to the Oral-B sponsored brochure on "What Every Adult Should Know About Dental Care", and that CDA retains total content and artistic control on all corporately sponsored projects so that our identity is protected.

Council feels there is the need and demand for new good quality pamphlets. With this in mind, the following motion is made:

RESOLVED:

- 88.38 **THAT the CDA accept the "Second Option" for a development and marketing plan utilizing corporate sponsorship for the patient information system within corporate sponsorship guidelines previously approved by CDA.**

ADOPTED

Council suggests that the old inventory of pamphlets be phased out in 1988 and that the new pamphlets be introduced in late 1988.

It should be noted that a CDA catalogue of patient education materials will appear as an insert in the February 1988 CDA Journal. This catalogue will be used as a marketing tool to phase out the old pamphlets and ascertain the demand for our current fact sheet pads.

Although Council recognizes that any profits that accrue from DAP related endeavours do not automatically refer back to CIS projects, Council does suggest that Executive consider utilization of the profits for other DAP related endeavours.

3. Media Training For Executive and Senior Staff

Council feels that the Association would benefit from media training sessions for Executive Council and senior staff. The ability to deal with media on sensitive political issues is important to the Association's image with the press and the public. The very nature of CDA does not always allow CDA to obtain a quick consensus on sensitive issues and at times CDA is placed in a very difficult position by the press because of our lack of policies in certain areas. Our technical experts on issues are not always our best spokespeople. It is therefore Council's feeling that Executive and staff should be trained to assist in this area.

RESOLVED:

- 88.39 **THAT the Executive Council and senior staff of the CDA undergo a "Media Training" workshop annually.**

ADOPTED

Direction: The Board notes that action has already been taken by the Executive Council.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

APP II

4. Dental Health Month 1988

1988 Dental Health Month programming focuses on "What Keeps Bob Smiling". This theme is a direct expansion of the successful "Bob's Teeth" radio spot developed for the 1987 DHM Campaign. The 1988 campaign will introduce Bob and CDA's 5 Point Prevention Plan. Materials being developed for the campaign include a poster, button, sticker, wallet card, table talker, bumper sticker, balloons and a new radio commercial. In addition, a special supplement to the DHM planning kit will be available free to all DHM community planners.

It is anticipated that the "Bob-Keep Smiling Campaign" will become an ongoing DHM theme in years to come.

For the first time all DHM materials will have a member/non-member price. The non-member price will be 100% more than the member price.

In previous years CDA has automatically sent a free DHM poster, button and decal to each CDA member. For cost reasons, these materials will not be automatically sent this year. Members may, however, request a free 1988 DHM starter kit if they so desire.

Council is very enthusiastic about the 1988 DHM campaign and believes it will be a very successful program for CDA.

5. Media Relations

Since the inception of the DAP in 1984, media coverage has increased. As reported in April 1987, newspaper coverage has expanded from 400 articles in June 1985 to 1800 in June 1986 to 3300 in January 1987.

In September 1987, the Board recommended that the Press Clipping service be discontinued for financial reasons. We are therefore unable to monitor this continuing trend. CDA does, however, continue to receive press clippings on select topics as delineated by Management and staff and these will continue to be forwarded to the relevant Councils and Committees.

CDA continues to receive from 2 - 7 press calls per week on issues of interest to the media. A suitable spokesperson is normally selected to address these inquiries with staff playing a liaison function.

6. Member Relations/Provincial Relations

The DAP continues to communicate on a regular basis with the membership. A regular column appears in the CDA Journal on DAP activities. In addition, the November 1987 issue of the Journal contained a special DAP report on the Seniors Boom: Seniors and Dentistry.

In January 1988, the DHM order form will appear as a supplement in the Journal and in February 1988 a catalogue of CDA patient education information will again supplement the Journal.

Council is excited about these new marketing endeavours and looks forward to the response by the profession to these activities.

The DAP also continues its ongoing relationship with the provinces via special DHM mailings and an annual fall visitation to the provinces by Mr. Sarnier.

7. DAP Seminar

A successful patient communication seminar was held in Brandon and Winnipeg in mid September. Over three hundred dentists and staff registered for the two seminars organized by the Manitoba Dental Association. Included with the seminar is a "hands on" manual on patient communication, that is available to CDA members for \$55.00.

The seminar appears to have been well received by Manitoba dentists. Interest has been expressed by Alberta and Ontario and it is anticipated that these seminars will be revenue generating for CDA.

8. Consumer's Guide

Council has learned that the "Consumer's Guide to Dental Care" is to be translated into French. We have expressed concern on the need to produce 32,000 copies and the costs of such a production.

It is noted that the costs of translation and printing will be borne by the Third Party Committee. The Council on Information Services is pleased to take on administration of this pamphlet after it has been made available in both official languages.

9. Targeted Programming

A number of targeted programs continue to be implemented under the umbrella of the DAP:

- Colgate Palmolive has again agreed to sponsor the 4th National Dental Health Check-Up in Chatelaine at a cost of approximately \$350,000 - \$375,000. It is anticipated that this project will be run in September 1988 rather than during Dental Health Month in order to better round out DAP programming activities.
- A senior's kit for community planners and dental health units has been completed and is available for sale to the professional. Materials include a planning guide, poster and fact sheets, videos and slides. The DAP is thankful to both the City of Toronto for their initial sponsorship of this program and to the Canadian Fund for Dental Education for providing funds to allow the kit to become a national program of the CDA.
- the DAP is also appreciative of the support provided by the CFDE for the 1988 DHM poster of Bob and CDA's 5 Point Prevention Plan.
- one of the most successful targeted programs to date is CDA's First Teeth Program under the sponsorship of Colgate Junior. Colgate-Palmolive has committed \$1.5 million to a multi-faceted three year program geared to parents of children ages 2 - 9. An aggressive marketing campaign has been initiated. To date, over 11,000 requests have been received from the profession for samples of the First Teeth Kit.

The First Teeth program will involve TV, magazine and newspaper ads, plus a booklet, poster and growth chart and samples of Colgate Junior.

The DAP program continues to seek sponsorship for a recall kit and other DAP initiatives.

10. Leverage

In 1987, the CDA-DAP Program attracted over \$2 million in leverage from corporations and outside agencies supporting the "Good for Life " initiative. This is in addition to the \$1 million in support obtained from corporations and in other agencies in previous years.

11. Research

In previous years, research has been undertaken as follows:

- a 1985 survey of health educators to measure the need for dental health education materials
- a Gallup National Omnibus Poll to measure public perceptions of dental health
- a readership survey of both the May 1986 and May 1987 issues of Chatelaine magazine containing the second and third "Check-Ups" respectively.

The DAP has currently applied for funding to Health and Welfare for a study on the impact/outcome evaluation of the communication strategy for CDA's dental awareness program.

The evaluation will assess the effectiveness of the DAP strategy and campaign as a whole as well as its specific components: media, dental offices, community networks, commercial sector co-operation and support. Aspects of this evaluation would include a dental office communication study, a media channels content study and a community outcomes study.

The proposed investigation is estimated to run from 1988 through to March 1991 at a cost of \$130,760.00.

To date, the application has been acknowledged with no response expected until June 1988.

12. Geriatric Dentistry

Further to Executive Council's initiative to promote and support geriatric dentistry when and where possible, it should be noted that the DAP has undertaken two major initiatives in this area:

- a special DAP Report was published in the November 1987 CDA Journal on Communicating Care to Seniors
- a seniors' kit for community health planners has been developed for sale in early 1988.

The Council on Information Services will continue to seek ways to promote dental care to geriatric patients in the year to come.

13. Conclusions

The October meeting of the Council on Information Services was the inaugural meeting for Drs. Hettenhausen, Ritson-Bennett and Lauriente and it was my first meeting as Chairman.

I think I can speak for all members in stating that we felt it was both an informative and productive session.

We look forward to an exciting future of new programming efforts that will hopefully enhance the reputation and credibility of CDA with the profession, the public, the corporate sector and government.

Respectfully submitted,

Dr. Paul O'Brien, Chairman
Council on Information Services

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Information Services with appreciation.

DENTAL AWARENESS PROGRAM

Patient Information System

Development & Marketing Plan

From: Canadian Dental Association
Linda Teteruck
Director of Communications

Manifest Communications Inc.
Mark Sarner

To: Canadian Dental Association
Council On Information Services

Date: October 26, 1987.

DRAFT

Effective communication is dependent on high quality, functional materials being made available through well defined channels.

This report makes the recommendations that will transform the current Canadian Dental Association pamphlet program into a coordinated *Patient Information System*.

And position the Canadian Dental Association as the pre-eminent source of quality patient education materials.

CANADIAN DENTAL ASSOCIATION

Patient Information System

As part of the Canadian Dental Association's on-going commitment to the dental profession and dental health, a comprehensive review of its patient education materials has been undertaken.

Manifest Communications has worked in cooperation with the CDA's communication department in the development of this plan so that the highest quality of creative and the greatest degree of efficiency and profitability in program management and implementation will be realized.

Over the past six months, many dental professionals (dentists, hygienists & dental assistants) were consulted by Manifest Communications about the quality of current CDA pamphlets. Through these discussions, a number of problems were isolated and a strategic plan developed.

The opportunity now exists to create a coordinated system of patient education materials; one which will be better received by the dental profession and have a dramatic impact on the general public.

AWARENESS INTO ACTION

A Rationale

Great strides have been made over the past three years in the marketing of the *Dental Awareness Program* materials (Dental Health Month activities, The Consumer's Guide, What Every Adult Should Know About Dental Health etc.). A similarly aggressive marketing approach needs to be taken with the *Patient Information System*.

Current CDA pamphlets must be revitalized and additional materials created to develop an approach consistent with existing DAP materials. The new pamphlets must share the quality, energy, and audience appeal of existing materials such as the *Consumer's Guide*, *First Teeth*, and *What Every Adult Should Know About Dental Health*.

OBJECTIVES

The global objective of the review is to design an information system through which to provide effective communication of dental health care. The *System* shall be designed to promote interaction between all parties involved (CDA -- Profession -- General Public) making dental health **everyone's** concern.

An informed public and a receptive dentist will reinforce the importance of a good relationship between professional and patient. Heightened awareness and attention will increase public desire to keep one's teeth *Good For Life*.

Objectives Specific to the Review:

- To reinforce and validate the value of the dentist's membership in the CDA by providing them access to up-to-date, high quality and, above all, workable materials;
- to help the dental profession to better communicate dental health to patients;
- to turn the dental office into a better communicating environment;
- to utilize the high traffic volume of the dental offices to achieve reach expectations.

THE APPROACH

The *System* will permit dental health promotion to reach a large number of people over an extended period of time. The dental office setting and the source of the information will reinforce the message's credibility. Therefore, it is imperative that the designed system encourage a freeflow of information.

All of the office staff must be aware of the information provided and how it can be used most effectively to educate and motivate the patients on the importance of maintaining proper dental care habits. The patients must believe that the materials (presentation and packaging) are pertinent and useful. In so doing, the patient will feel that his or her dentist is committed not only to technical proficiency but also to patient education.

The resulting interaction between dentist and staff, staff and patient and, patient and materials will foster a more caring and friendly environment in the dental office to which the patient will more easily relate.

THE ELEMENTS

The elements which make up the System can be broken down into:

Core Materials

- Brochures
- Fact Sheet Series
- Patient Information Centre

The Promotion

- Promotional Letter
- Journal Insert/Filler Ads

CORE MATERIALS

The patient education materials must be made to clearly and consistently identify themselves as elements of the Canadian Dental Association's *Good For Life* program. Brochures must be created with a unified design and be housed in an inviting display case. And, as there are many more useful topics than can be easily displayed, a comprehensive series of fact sheets must be developed to support the brochures.

To that end, we have rethought the communication objectives of the brochures and fact sheets, and how they should be displayed, with the help of the dental profession. By asking a few straight forward questions: How are brochures used by the profession and the general public? How are fact sheets used? And, given the limitations of waiting room space, what is the most convenient method of display? It became readily apparent that in creating a *Patient Information System* a few fundamental rules be followed:

Brochures are used to reach out to the public. They provide general information on a broad range of topics. They need be self-promoting as they are displayed in the waiting room.

Fact Sheets deal with procedural and issue specific topics. They are distributed at the discretion of the dental health professional following the appointment. They must be focussed, appealing, and easy to read.

A Patient Information Centre must keep the brochures organized, out of the way of table space, and be very sturdy.

Brochures

The new brochures must be created with a better understanding of the audience and the setting in which they are delivered. In the dental office, surrounded by consumer magazines (People, Chatelaine etc.), the brochure's content and design must cut through the clutter. Based on individual merit, the brochure must interest and engage the patient. They must also be developed consistent with the quality, energy, and audience appeal of existing materials such as The Consumer's Guide, First Teeth, and What Every Adult Should Know About Dental Health.

The brochures, inside and out, must be aesthetically pleasing. Visually offensive pictures will have a negative effect on the reader causing them to close the brochure -- an educational opportunity lost.

Given this reasoning, Manifest's research, and the recommendations of the Council On Information Services, the following are **content suggestions** for the brochures:

1. ***PreCheckup Checkup***

The *PreCheckup Checkup* is an opportunity for the patient to think about their dental health before the checkup.

It prepares the reader for many of the routine questions that a dentist asks during the course of an appointment such as: Are there any types of food which irritate your teeth or gums? Are you having trouble flossing?

This pamphlet will make it easier for the dentist and patient to isolate and correct dental concerns.

2. ***The Five Most Common Bad Dental Habits***

Habits will provide a fresh and friendly approach to an old story. A number of bad dental habits will be discussed (improper brushing, flossing etc.). While the brochure will recognize the difficulty of breaking old and bad habits, it will emphasize the long-term benefits to improved dental care.

3. ***TMJ***

A description of this common disorder, its causes and treatments will be outlined.

4. ***The Preventive Checkup***

This brochure will remind patients of the elements involved in preventive dental care. Providing consumer oriented information, it will reinforce the ease of achieving excellent oral health.

5. ***Soothing Advice for the Nervous Patient***

The nervous patient is a common sight. This brochure will empathize with the feeling, and sooth the patient by telling them both that it is common and by suggesting ways to overcome the anxiety.

6. ***Save That Tooth***

Many people attempt to cope with missing teeth, *Save that Tooth* will discuss the long-term health problems and discomforts associated with this common approach.

7. ***Gum Disease***

9 out of 10 Canadians get it yet, it is 100% preventable. The brochure will explain the disease, its causes and cures.

8. ***Cosmetics***

Cosmetics will explain the myriad of procedures and techniques available to the patient which allow him or her to improve their smile.

Fact Sheets

Fact sheets are given out at the discretion of the dentist or the hygienist after the appointment. They contain detailed information about very specific topics. In some cases, the new fact sheets will contain more specific information about the topics covered in the consumer-oriented pamphlets. They will add to the existing stock of fact sheets but are very different in their approach.

The following fact sheets need be developed:

- Sports/Mouthguards
- Nursing Bottle Syndrome
- Orthodontia
- Care After Minor Oral Surgery
- X-Rays
- Nutrition
- Smoking
- Pregnancy
- Eruption
- Sealants
- Fluoride
- Implants
- Root Canals
- Dentures
- Wisdom Teeth
- Dental Drugs
- Crown & Bridge
- Bonding

THE PROMOTION

The success of the *System* depends on building awareness and commitment.

The scope of the changes proposed are both dynamic and dramatic. In order for the undertaking to be successful, an emphasis has been placed on promoting the program and its components allowing for the generation of awareness and commitment necessary to create sales.

Promotional Letter

A promotional letter will be mailed during the *System's* creative development.

The letter, mailed by the CDA to **all** dentists, hygienists, study group and association presidents, will announce, explain and promote the program to the profession.

It will effectively lay the foundation for the program's success by creating initial awareness and, in many cases, intent to purchase.

Journal Insert and Filler Ads

The promotional brochure (and order form) will be inserted into Journal during the *System's* production.

Distributed to the the same target group as the promotional letter, the brochure will visually walk the audience through the elements of the *Patient Information System*.

Filler Ads will be placed into the CDA Journal periodically to promote the materials and provide further opportunity to order the new materials.

They will also be made available to other potential promoters (hygienists, provincial association newsletters and journals, public health dentists) to extend the reach of the promotion wherever cost effective.

Together, they will create an effective marketing program that is targeted and sustained.

Patient Information Centre

The *Patient Information Centre* will be the centre-piece of the program.

The *Centre* will be an attractively designed wallmount for the dental office waiting room. It will provide room for the display of all of the newly created brochures and existing DAP materials (Consumer's Guide, What Every Adult Should Know About Dental Health etc.)

Its face will be designed both to clearly identify the materials as part of the Canadian Dental Association *Good For Life* program and also to attract the attention of patients and invite them to take the materials away for their personal reference.

The *Centre* will contribute to the feeling of consistency and unification that underlies the total *System*.

FINANCIAL OPTIONS

Two options* are presented for the financing of the *Patient Information System*.

The **first option** is CDA self-supporting which phases the launch of the program over a two year period. During the first year of the program, the existing pamphlets will be replaced. During the second year of the program, the introduction of the procedure-oriented fact sheets will take place. With this option, the program will be self-supporting and the materials will carry the CDA identity **only**.

The projected three year revenue (cumulative) with this option is **\$103895**. Based on the track record of the DAP program, it is estimated that the first year deficit could be dealt with through return (beyond expenses) to CDA of corporate sponsorship. Anticipated returns for *First Teeth* will be 5% of production which is \$10000. Additionally, based on last year's figures, the *Dental Health Checkup* could provide \$7500.

The **second option** calls for sponsorship and launches the program, pamphlets and fact sheets, at one time. In this option, one panel of each pamphlet would be allocated to the pamphlet's sponsor. The three year projected revenue (cumulative) with this option is **\$251630**.

In the generation of the yearly revenue projections the following price structure was followed (1):

Element (1 order)	Member Price (2)		
	1988 (yr.1)	1989 (yr.2)	1990 (yr.3)
Brochures (3)	\$16	\$17	\$18
Fact Sheets (4)	\$9	\$10	\$11
Patient Info. Centre (5)	\$50	\$55	\$60

(1) Yearly increase in costs is calculated at 10%

(2) Non-Member Price add 50%

(3) 100 brochures per order

(4) 1 Pad of 100 per order

(5) 1 *Centre* per order

*** Manifest's responsibility, in either option, is to produce the creative. All management, fulfilment, and production of materials will be handled by CDA staff.**

OPTION ONE - YEAR ONE (SELF-SUPPORTING)

REVENUE

Brochures (10000 orders @ \$16.)	\$160000	
Patient Info. Centre (500 orders @ \$50)	<u>25000</u>	\$185000

EXPENSES

Development:

Brochure (1)	\$93260	
Identity	16000	
Research/Testing	12000	
Travel	<u>1500</u>	\$122760

Production:

Brochures	\$31625	
Patient Info. Centre	20000	
Promo. Letter (incl. delivery)	12000	
Journal Insert/Filler Ads.	<u>8000</u>	71625

Promotion:

Journal Insert/Filler Ads	\$20000	
Letter	750	20750

Taxes(2):

Brochures	\$9000	
Patient Info. Centre	4000	
Promo. Letter	2445	
Journal Inset/Filler Ads	2000	
Identity	<u>480</u>	17925

233060

Revenue (Deficit)

(\$48060)

(1) Eight brochures (English & French) will be developed

(2) Taxes (12% fed. & 7% prov.) levied on 15% of creative & 100% of production

OPTION ONE - YEAR TWO

(SELF-SUPPORTING)

REVENUE

Brochures (10000 orders @ \$17)	\$170000	
Fact Sheets (3000 orders @ \$10)	30000	
Patient Info. Centre (500 orders @ \$55)	<u>27500</u>	\$227500

EXPENSES

Development:

Fact Sheets (1)	\$69485	\$69485
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Production:

Brochures	\$35000	
Patient Info. Centre	22000	
Promo. Letter (incl. delivery)	13200	
Journal Insert/Filler Ads.	8800	
Fact Sheets	<u>7260</u>	86260

Promotion:

Journal Insert/Filler Ads	\$15000	
Letter	<u>750</u>	15750

Taxes (2):

Brochures	\$7000	
Patient Info. Centre	4400	
Fact Sheets	3300	
Promo. Letter	2700	
Journal Insert t/Filler Ads	<u>2200</u>	19600

191095

Revenue (Deficit)	\$36405
Revenue (Deficit-Yr.1)	<u>(48060)</u>
Net Revenue (Deficit)	(\$11655)

(1) 20 Fact Sheets (English & French) will be developed

(2) Taxes (12% fed. & 7% prov.) levied on 15% of creative & /or 100% of production

OPTION ONE - YEAR THREE
(SELF-SUPPORTING)

REVENUE

Brochures (10000 orders @ \$18)	\$180000	
Fact Sheets (3000 orders @ \$11)	33000	
Patient Info. Centre (500 orders @ \$60)	<u>30000</u>	\$243000

EXPENSES

Production:

Brochures	\$38500	
Patient Info. Centre	24200	
Promo. Letter (incl. delivery)	14520	
Journal Insert/Filler Ads.	9680	
Fact Sheets	<u>8000</u>	94900

Promotion:

Journal Insert/Filler Ads	\$12000	
Letter	<u>750</u>	12750

Taxes (1):

Brochures	\$7700	
Patient Info. Centre	5000	
Fact Sheets	1600	
Promo. Letter	3000	
Journal Insert/Filler Ads	<u>2500</u>	19800

127450

Revenue (Deficit)	\$115550
Revenue (Deficit-Yr.2)	<u>(11655)</u>
Net Revenue (Deficit)	\$103895

(1) Taxes (12% fed. & 7% prov.) levied on 15% of creative &/or 100% of production

OPTION TWO - YEAR ONE

(SPONSORSHIP)

REVENUE

Brochures (10000 orders @ \$16.)	\$160000	
Fact Sheets (3000 orders @ \$9.00)	27000	
Patient Info. Centre (500 orders @ \$50)	<u>25000</u>	\$212000
Corporate Sponsorship (8 brochures @ \$15000)	<u>120000</u>	\$332000

EXPENSES

Development:

Brochure	\$93260	
Fact Sheets	63850	
Identity	16000	
Research/Testing	12000	
Travel	<u>1500</u>	\$186610

Production:

Brochures	\$31625	
Patient Info. Centre	20000	
Promo. Letter (incl. delivery)	12000	
Journal Insert/Filler Ads.	8000	
Fact Sheets	<u>6600</u>	78225

Promotion:

Journal Insert/Filler Ads	\$20000	
Letter	<u>750</u>	20750

Taxes (1):

Brochures	\$9000	
Patient Info. Centre	4000	
Fact Sheets	3000	
Promo. Letter	2445	
Journal Insert/Filler Ads	2000	
Identity	<u>480</u>	20925

306510

Revenue (Deficit)	\$25490
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(1) Taxes (12% fed. & 7% prov.) levied on 15% of creative & 100% of production

OPTION TWO - YEAR TWO

(SPONSORSHIP)

REVENUE

Brochures (10000 orders @ \$17.)	\$170000	
Fact Sheets (3000 orders @ \$1.00)	30000	
Patient Info. Centre (500 orders @ \$55)	<u>27500</u>	\$227500

EXPENSES

Production:

Brochures	\$35000	
Patient Info. Centre	22000	
Promo. Letter (incl. delivery)	13200	
Journal Insert/Filler Ads.	8800	
Fact Sheets	<u>7260</u>	\$86260

Promotion:

Journal Insert/Filler Ads	\$12000	
Letter	<u>750</u>	12750

Taxes (1):

Brochures	\$7000	
Patient Info. Centre	4400	
Promo. Letter	2700	
Journal Insert/Filler Ads	2200	
Fact Sheets	<u>1600</u>	17900

116910

Revenue (Deficit)	\$110590
Revenue (Deficit-Yr.1)	<u>25490</u>
Net Revenue (Deficit)	\$136080

(1) Taxes (12% fed. & 7% prov.) levied on 15% of creative & /or 100% of production

OPTION TWO - YEAR THREE

(SPONSORSHIP)

REVENUE

Brochures (10000 orders @ \$18)	\$180000	
Fact Sheets (3000 orders @ \$11)	33000	
Patient Info. Centre (500 orders @ \$60)	<u>30000</u>	\$243000

EXPENSES

Production:

Brochures	\$38500	
Patient Info. Centre	24200	
Promo. Letter (incl. delivery)	14520	
Journal Insert/Filler Ads.	9680	
Fact Sheets	<u>8000</u>	\$94900

Promotion:

Journal Insert/Filler Ads	\$12000	
Letter	<u>750</u>	12750

Taxes (1):

Brochures	\$7700	
Patient Info. Centre	5000	
Promo. Letter	3000	
Journal Insert/Filler Ads	2500	
Fact Sheets	<u>1600</u>	19800

127450

Revenue (Deficit)	\$115550
Revenue (Deficit-Yr.2)	<u>136080</u>
Net Revenue (Deficit)	\$251630

(1) Taxes (12% fed. & 7% prov.) levied on 15% of creative & /or 100% of production

April is Dental Health Month

The question is

What Keeps Bob Smiling?



Here's the answer:

The Canadian Dental Association's **New 5 Point Prevention Plan**

The CDA's **5 Point Prevention Plan** is something to smile about. It's a simple, sensible new prescription for dental health. It is the cornerstone of an ambitious new campaign from the Dental Awareness Program.

In the months and years to come, the CDA is going to be making every effort to get the **5 Point Prevention Plan** across to Canadians. It's a fresh new way for people to understand how to keep their teeth *good for life*. And it starts this April, Dental Health Month 1988.

BOB'S HERE TO HELP

The CDA has enlisted a highly appealing character to help dentistry communicate with Canadians. His name is Bob. As you can see, he's smiling.

Bob adds warmth, humanity and a touch of fun to the whole concept of prevention. You're going to be seeing a lot of him as he works to encourage Canadians to **KEEP SMILING** themselves by following the Canadian Dental Association's **5 Point Prevention Plan**. The Canadian Dental Association, your provincial association and local society are planning now how to use Bob with the media, in local events, mall displays, poster contests...the list goes on.

Now's your chance to ensure you and your office are ready to be part of it all. There's a varied assortment of promotion and education materials to choose from. Order yours now!

WINNING FRIENDS/INFLUENCING PEOPLE

This is the start of something big: the friendliest and most influential Dental Health Month ever. And a bold new effort to educate and motivate Canadians about their dental health.

You're eagerly invited to be part of it all.

Free to CDA Members: The Dental Health Month '88 Starter Kit: Simply fill in the order form on the back to receive: The "What Keeps Bob Smiling?" Poster, "Keep Smiling" Button and "Keep Smiling" Sticker.

ORDER NOW!

"What Keeps Bob Smiling?" POSTER

Bob's there to present the answer: The 5 Point Prevention Plan along with illustrations of Bob putting the plan into practice. Put it wherever a blank space could use a friendly face. Or give it to your patients. 12¼" x 36"

\$2.00 ea. CDA members
\$4.00 ea. non-members



"Keep Smiling" BUTTON

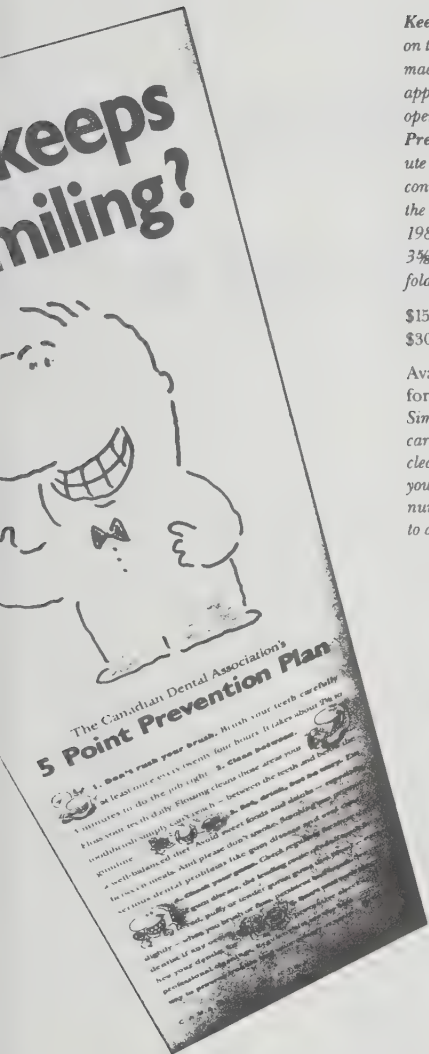
Wear it yourself! Staff to do the same as a giveaway. 1¾" round

\$7.00/25 CDA
\$14.00/25 non-

"Keep Smiling" TABLE-TALKER

Keep Smiling and Bob on one side, Follow the Canadian Dental Association's 5 Point Prevention Plan on the other. Inside, the 5 Point Prevention Plan in full. Place them on reception counters, waiting room and office tables, at community displays. Give them out to patients, teachers and students, passersby at local events. Makes an excellent mini-poster. 7" x 8" (shipped flat) folds to 3½" x 8"

\$4.00/10 CDA members
\$8.00/10 non-members

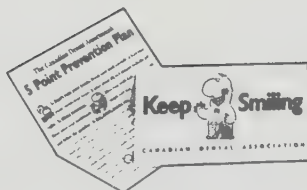


"Keep Smiling" WALLET CARD

Keep Smiling and Bob on the front; the back can be made into a personalized appointment/recall card. It opens to show the 5 Point Prevention Plan. Distribute these to the public as a convenient little package for the Dental Health Month 1988 message.
 3 1/2" x 3 3/4" (shipped flat)
 folds to 3 3/8" x 1 7/8"

\$15.00/500 CDA members
 \$30.00/500 non-members

Available personalized for an additional \$99.00: Simply enclose a separate card (your business card or clearly hand-printed) with your name, address, phone number as you wish them to appear on your cards.



"Keep Smiling" STICKER

Sticks anywhere and everywhere — even on clothing.
 1 3/4" round, peel-off back, paper

\$12.00/100 CDA members
 \$24.00/100 non-members



"Keep Smiling" BUMPER STICKER

Yes, you can drive the dental health message home. And so can your patients. Put them on cars, bikes, skateboards — and on non-moving vehicles, too.
 11 3/4" x 2 7/8" vinyl

\$6.00/10 CDA members
 \$12.00/10 non-members

What keeps Bob smiling?



SUPER DISPLAY BALLOON

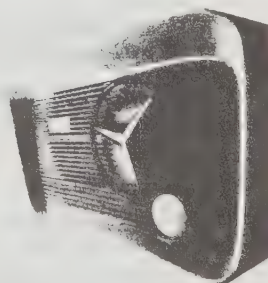
Real attention-grabbers, these will make a big impression anywhere. Filled with helium or air, imprinted with: What Keeps Bob Smiling?, Bob, and The Canadian Dental Association's 5 Point Prevention Plan. Lasts for hours, floats above it all at the various different local community activities.
 40" round, white

\$6.00 each CDA members
 \$12 each non-members

"Keep Smiling" BALLOON

Bob and Keep Smiling printed on a glossy surface. Always a popular item, children will especially enjoy watching Bob come to life as the balloon inflates. Use them to decorate the office and public displays.
 10" round, white

\$7.00/50 CDA members
 \$14.00/50 non-members



Special for Dental Health Month Community Organizers:

BOB'S RADIO COMMERCIAL

This 30-second public service announcement is a valuable tool for all local and regional media relations organizers. It's a professionally created, broadcast-quality, reel-to-reel tape. Use it to get Bob 'on the air' during Dental Health Month.

\$10.00 each

1988 SUPPLEMENT TO THE PLANNING KIT

Special for Dental Health Month Community Organizers — FREE
 This year's addition to your Planning Kit. It includes tips on how to make Bob work for you in the office and in the community, using the special materials and activity suggestions newly developed to make the most of Dental Health Month 1988.

Dental Health Month '88

Item			Quantity	Price	Total
POSTER	English	CDA members		\$2.00 each	\$
		non-members		\$4.00 each	\$
	French	CDA members		\$2.00 each	\$
		non-members		\$4.00 each	\$
BUTTON	English	CDA members	(pkg. of 25)	\$7.00	\$
		non-members	(pkg. of 25)	\$14.00	\$
	French	CDA members	(pkg. of 25)	\$7.00	\$
		non-members	(pkg. of 25)	\$14.00	\$
STICKER	English	CDA members	(pkg. of 100)	\$12.00	\$
		non-members	(pkg. of 100)	\$24.00	\$
	French	CDA members	(pkg. of 100)	\$12.00	\$
		non-members	(pkg. of 100)	\$24.00	\$
BUMPER STICKER	English	CDA members	(pkg. of 10)	\$6.00	\$
		non-members	(pkg. of 10)	\$12.00	\$
	French	CDA members	(pkg. of 10)	\$6.00	\$
		non-members	(pkg. of 10)	\$12.00	\$
TABLE-TALKER	English	CDA members	(pkg. of 10)	\$4.00	\$
		non-members	(pkg. of 10)	\$8.00	\$
	French	CDA members	(pkg. of 10)	\$4.00	\$
		non-members	(pkg. of 10)	\$8.00	\$
WALLET CARD	English	CDA members	(pkg. of 500)	\$15.00	\$
		non-members	(pkg. of 500)	\$30.00	\$
	French	CDA members	(pkg. of 500)	\$15.00	\$
		non-members	(pkg. of 500)	\$30.00	\$
	For Personalized Cards			\$99.00	\$
	BALLOON	English	CDA members	(pkg. of 50)	\$7.00
non-members			(pkg. of 50)	\$14.00	\$
French		CDA members	(pkg. of 50)	\$7.00	\$
		non-members	(pkg. of 50)	\$14.00	\$
DISPLAY BALLOON	English	CDA members		\$6.00 each	\$
		non-members		\$12.00 each	\$
	French	CDA members		\$6.00 each	\$
		non-members		\$12.00 each	\$
Special for Dental Health Month Community Organizers:		English		\$10.00	\$
RADIO COMMERCIAL		French		\$10.00	\$
1988 SUPPLEMENT TO THE PLANNING KIT		English		Free	n/a
		French		Free	n/a

Ontario residents please add 7% p.s.t.	\$
Total	\$

All prices include shipping and handling.

The Dental Health Month '88 **STARTER KIT**

Free to CDA Members!

Contents: The "What Keeps Bob Smiling?" Poster, "Keep Smiling" Button, "Keep Smiling" Sticker

Check here for your FREE Dental Health Month '88 Starter Kit in a mailing tube.

My CDA membership number:

Send my order to:

Name

Address

Telephone () Postal Code

Mail Orders:

All orders must be prepaid

Please enclose your cheque payable to:

The Canadian Dental Association

Order Section

1815 Alta Vista Drive

Ottawa, Ontario K1G 3Y6

Phone Orders:

Accepted with valid VISA or MasterCard only.

call: (613) 523-1770

Please allow 4 weeks for delivery



Avril est le Mois de la santé dentaire

On se demande bien

À quoi tient le sourire de Bastien?



Les membres de l'ADC peuvent se procurer **GRATUITEMENT** —
LA TROUSSE des débutants du Mois de la santé dentaire 1988 (voir à l'intérieur)

Voici la réponse :

Au Nouveau plan de prévention en 5 points De l'Association dentaire canadienne

Le **Plan de prévention en 5 points** de l'ADC a de quoi faire sourire de satisfaction. Il offre un moyen simple et pratique de promouvoir la santé dentaire et forme le cœur d'une nouvelle et ambitieuse campagne du Programme de sensibilisation à la santé dentaire.

Au cours des mois et des années à venir, l'ADC fera tout son possible pour communiquer le Plan de prévention à tous les Canadiens, offrant ainsi une toute nouvelle façon de montrer aux gens comment garder leurs dents saines toute leur vie. Cela commence en avril, Mois de la santé dentaire 1988.

LE SOUTIEN DE BASTIEN

L'ADC a fait appel aux services d'un personnage fort original pour aider les dentistes à faire passer le message. Il s'appelle Bastien.

Bastien ajoute de la chaleur et de l'humour à la campagne de prévention. Il sera partout à la fois, encourageant tout le monde à garder le sourire en appliquant le **Plan de prévention en 5 points** de l'Association dentaire canadienne. Celle-ci de même que votre organisation provinciale et votre société locale se préparent à présenter Bastien aux médias, lors d'activités locales et dans les centres commerciaux. On en fera l'objet d'un concours d'affiches... et quoi encore ?!

Maintenant, à vous de profiter de l'occasion et de vous joindre au mouvement. Nous vous offrons un vaste choix de matériel d'information et de publicité. Commandez le vôtre.

SE FAIRE DES AMIS ET RAYONNER

C'est peut être le début d'un événement vraiment remarquable, celui du Mois de la santé dentaire qui aura été le plus chaleureux et aura eu le plus grand rayonnement que jamais, sans compter l'effort renouvelé et audacieux pour inciter les gens à veiller à leur santé dentaire.

Nous vous prions donc instamment de participer.

Gratuit pour les membres de l'ADC : La Trousse des débutants de 1988 :

Il suffit de remplir le bon de commande pour recevoir : l'affiche « À quoi tient le sourire de Bastien ? », le macaron et la vignette « Souriez! ».

PLACEZ VOTRE COMMANDE IMMÉDIATEMENT !

AFFICHE

« À quoi tient le sourire de Bastien ? »

Bastien répond : au **Plan de prévention en 5 points** et montre, dans les illustrations, comment le mettre en pratique. Placez-la bien à la vue. Ou encore, donnez-la à vos patients.
12 1/4 po sur 36 po

2\$ chacune
pour les membres de l'ADC
4\$ chacune
pour les non-membres



MACARON

« Souriez! »

Portez-le vous-même. Facile à porter par votre personnel. Excellent à distribuer.
Épingle de 1 3/4 po

7\$ le lot de 25
pour les membres de l'ADC
14\$ le lot de 25
pour les non-membres

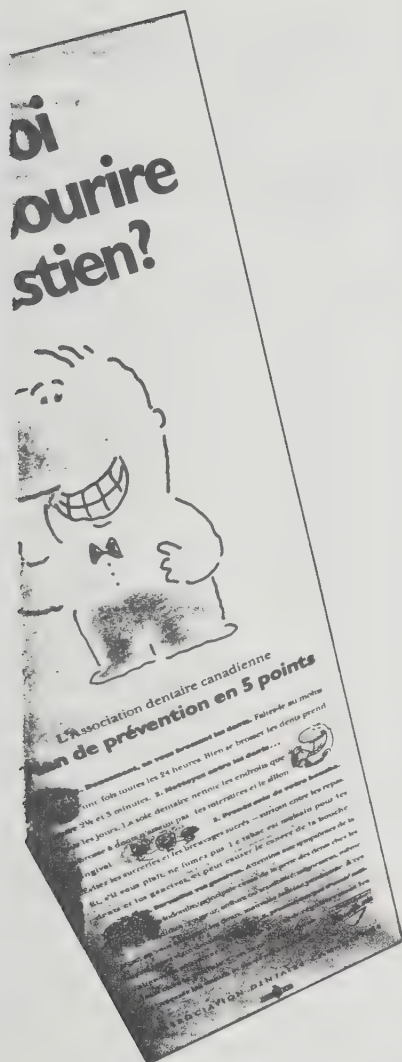
PLAQUETTE DE TABLE

« Souriez! »

Une face présente le souriant Bastien et l'autre, le message **Appliquez le plan de prévention en 5 points de l'Association dentaire canadienne**. À l'intérieur paraît le plan au complet. On peut poser la plaquette sur un comptoir ou sur une table, dans la salle d'accueil, le bureau ou le kiosque d'exposition. On peut la distribuer à tout le monde et en faire une jolie petite affiche.
Expédiée à plat,
7 po sur 8 po —
Montée, 3 1/2 po sur 8 po

4\$ le lot de 10
pour les membres de l'ADC
8\$ le lot de 10
pour les non-membres

SUPPLÉMENTAIRE
Spécial p...
Le supplé...
bureau co...
activités q...



CARTE DE PORTEFEUILLE «Souriez!»

Le recto présente le souriant Bastien et le verso sert de carte de rendez-vous ou de rappel. La carte se déplie pour faire voir le Plan de prévention. Excellent moyen de diffuser à tout le monde le message du Mois de la santé dentaire 1988. Expédiée à plat, 3 1/4 po sur 3 1/4 po — Pliée, 3 1/4 po sur 1 1/4 po

15 \$ le lot de 500 pour les membres de l'ADC
30 \$ le lot de 500 pour les non-membres

Cartes personnalisées: 99 \$
Veuillez joindre votre carte de visite et assurez-vous que vos nom, adresse et numéro de téléphone sont bien tels que vous les voulez sur la carte.



VIGNETTE «Souriez!»

Elle adhère partout... même aux vêtements.
Support détachable — Taille: 1 1/4 po

12 \$ le cent pour les membres de l'ADC
24 \$ le cent pour les non-membres



VIGNETTE D'AUTOMOBILE «Souriez!»

Hé oui! Vous pouvez véhiculer le message de la santé dentaire partout, sur l'auto, la bicyclette, le rouli-roulant et même sur les véhicules immobiles. Et les patients pourront en faire autant.

Vignette de vinyle — Taille: 1 1/4 po sur 2 7/8 po
6 \$ le lot de 10 pour les membres de l'ADC
12 \$ le lot de 50 pour les non-membres

À quoi tient le sourire de Bastien?

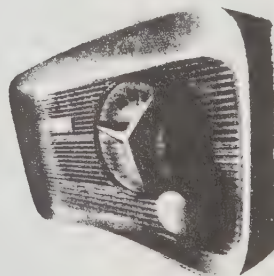
GROS BALLON D'EXPOSITION

Vritable attraction, ce gros ballon gonfle à l'air et porte bien le message du Mois de la santé dentaire 1988. Il est disponible en blanc ou en couleur. Taille: 36 po — Blanc — Taille: 36 po

6 \$ chacun pour les membres de l'ADC
12 \$ chacun pour les non-membres

Le ballon du sourire est toujours un attrait et les enfants aimeront Bastien prendre forme quand on soufflera le ballon. Il sert également de décoration au bureau ou aux expositions. Ballon standard blanc, 10 po

7 \$ le lot de 50 pour les membres de l'ADC
14 \$ le lot de 50 pour les non-membres



Spécial pour les organisations locales:

MESSAGE RADIOPHONIQUE

Nous vous offrons, sur bande magnétique, un message d'intérêt public de 30 secondes et de qualité professionnelle, que la radio locale ou régionale se fera un plaisir de diffuser pour promouvoir le Mois de la santé dentaire.

10 \$ la copie



MOIS DE LA SANTÉ DENTAIRE 1988 AU CAHIER DE PLANIFICATION
organisations locales — GRATUIT
Cette année vous suggère des moyens de tirer avantage de Bastien au sein de votre localité, mettant à profit le matériel spécial et de nouvelles à exploiter pleinement le Mois de la santé dentaire 1988.

Mois de la santé dentaire

Article			Quantité	Prix	Total
AFFICHE	Anglais	membres de l'ADC		2 \$ chacun	\$
		non-membres		4 \$ chacun	\$
	Français	membres de l'ADC		2 \$ chacun	\$
		non-membres		4 \$ chacun	\$
MACARON	Anglais	membres de l'ADC	le lot de 25	7 \$	\$
		non-membres	le lot de 25	14 \$	\$
	Français	membres de l'ADC	le lot de 25	7 \$	\$
		non-membres	le lot de 25	14 \$	\$
VIGNETTE	Anglais	membres de l'ADC	le cent	12 \$	\$
		non-membres	le cent	24 \$	\$
	Français	membres de l'ADC	le cent	12 \$	\$
		non-membres	le cent	24 \$	\$
VIGNETTE D'AUTOMOBILE	Anglais	membres de l'ADC	le lot de 10	6 \$	\$
		non-membres	le lot de 10	12 \$	\$
	Français	membres de l'ADC	le lot de 10	6 \$	\$
		non-membres	le lot de 10	12 \$	\$
PLAQUETTE DE TABLE	Anglais	membres de l'ADC	le lot de 10	4 \$	\$
		non-membres	le lot de 10	8 \$	\$
	Français	membres de l'ADC	le lot de 10	4 \$	\$
		non-membres	le lot de 10	8 \$	\$
CARTE DE PORTEFEUILLE	Anglais	membres de l'ADC	le lot de 500	15 \$	\$
		non-membres	le lot de 500	30 \$	\$
	Français	membres de l'ADC	le lot de 500	15 \$	\$
		non-membres	le lot de 500	30 \$	\$
	Personnalisées			99 \$	\$
BALLON	Anglais	membres de l'ADC	le lot de 50	7 \$	\$
		non-membres	le lot de 50	14 \$	\$
	Français	membres de l'ADC	le lot de 50	7 \$	\$
		non-membres	le lot de 50	14 \$	\$
GROS BALLON D'EXPOSITION	Anglais	membres de l'ADC		6 \$ chacun	\$
		non-membres		12 \$ chacun	\$
	Français	membres de l'ADC		6 \$ chacun	\$
		non-membres		12 \$ chacun	\$
Spécial pour les organisations locales:		Anglais		10 \$ la copie	\$
MESSAGE RADIOPHONIQUE		Français		10 \$ la copie	\$
SUPPLÉMENT 1988 AU CAHIER DE PLANIFICATION		Anglais		Gratuit	s/o
		Français		Gratuit	s/o

Résidents de l'Ontario, ajouter 7% taxe de vente provinciale

Total

Les frais de manutention et d'expédition sont inclus.

LA TROUSSE des débutants 1988 Gratuit aux membres de l'ADC

Comprend : l'affiche «À quoi tient le sourire de Bastien?», le macaron et la vignette «Souriez!»

Veuillez m'envoyer GRATUITEMENT La Trousse des débutants du Mois de la santé dentaire 1988.

Voici mon numéro de membre de l'ADC :

Voici mes coordonnées de livraison :

Nom

Adresse

Téléphone ()

Code postal

360

Les commandes postales doivent être payées d'avance

Veuillez inclure votre chèque à l'ordre de :

L'Association dentaire canadienne

Service des commandes

1815, chemin Alta Vista

Ottawa (Ontario) K1G 3Y6

Les commandes par téléphone

sont acceptées seulement avec la carte Visa ou MasterCard valide.

Composez le (613) 523-1770

Prévoir un délai de livraison de 4 semaines



ASSOCIATION DENTAIRE CANADIENNE

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. G.F. Copithorne, British Columbia
Dr. J.M. Dillon, Manitoba
Dr. B.H. Dolansky, Ontario
Dr. G. Dubé, CDA
Dr. D. Montminy, Québec
Dr. R.L. Rasmussen, Alberta
Dr. R.R. Schiewe, Ontario
Dr. R.A. Turcotte, Atlantic Provinces
Dr. J.N. Wright, CDA

Observers at the CDSPI Board are:

Dr. D.W. Allen, Prince Edward Island
Dr. G. Anthony, Newfoundland
Dr. C.R. Hill, Saskatchewan
Dr. G.S. Zwicker, Nova Scotia

Members of the CDSPI Management Committee are:

Dr. J.E. Durran, President - Burlington
Dr. R.L. Moran, Treasurer - Toronto
Dr. M.D. Charendoff, Secretary - Toronto

CDA Coordinator: Mrs. Sandra Deziel

This report includes all items of business which require Board action and all information which has become available since the 1987 Annual Meeting of the CDA Board of Governors on September 11 and 12, 1987 in Ottawa.

The CDSPI Board met on September 13, 1987 and December 4, 1987.

ITEMS REQUIRING BOARD ACTION

1) Student Insurance Package

In past years little emphasis has been placed on students. This fall (1987) was our first attempt to familiarize the students with CDSPI. Our research shows that in the past most of the students who take the Grad Package maintain it and increase their coverage in the first year after graduation. We have not had the information required to verify whether or not having undergraduate Life and AD&D coverage strengthens the effect but, given the importance of loyalty and habit, we are assuming that this is a valid effect.

It is, therefore, a benefit to CDIP to enroll more students as early as possible. Given the success that the Grad Package has had, our Board reviewed a proposal that a new free Student Insurance Package be introduced as outlined below.

DENTAL STUDIES YEAR

- FIRST - All students who are members of the CDA and/or ODA receive \$10,000 of Basic Life Insurance upon completion of an acceptance form.
- SECOND - All students who maintain the first year coverage by paying the premiums automatically receive another \$10,000 free.
- THIRD - All students who maintain the \$20,000 coverage by paying the premiums automatically receive another \$10,000 free.
- GRADUATING - Upon acceptance of the Grad Package, the graduate would then have \$80,000 of Basic Life, while paying for \$30,000 of it.

A student could join the package in any year since the incremental increase remains at \$10,000. Several clear advantages for CDIP are projected from the introduction of this package:

- Early participation in CDIP would help establish habit and build loyalty to the plan.
- A free package favourably disposes the student to CDIP by proving the plan is beneficial for them.
- We are afforded three additional opportunities to speak to the students and provide them with information on the CDIP.
- Completion of the acceptance form would give us a list on file of all students; this would allow us to communicate with them and influence their attitudes and insurance-buying behaviour early.
- It would provide us with an opportunity to establish CDIP well with the students before the agents approach them in fourth year.

This program would help bring in young lives to the Basic Life Plan. The potential is 1,500 new lives in the program's first year and 500 new lives each year thereafter, plus 1,000 applications for \$10,000 additional coverage each year for existing participants.

The plan sets up the pattern of increasing coverage annually, yet is organized simply. The cost to the plan would be a small investment to secure participants who will be heavy buyers of insurance over the next 10-15 years. Assuming 1,500 participants under the age of 25 each year, 2/3 of whom can be assumed not to smoke, the cost to the Basic Life Plan would be \$11,160 per year, plus an estimated \$4,800 to promote it initially.

RESOLVED:

- 88.40 **THAT a Student Insurance Package be put in place for 1988, the annual cost of which will be charged to the basic Life Plan Surplus, provided that students maintain CDA membership in their second, third and graduating year.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. National Experience and Statistics Report

Since the financial year end of the Canadian Dentists' Insurance Program coincides with the writing of this report, there are no final figures available. Normally Laurentian/Imperial (the new name for Imperial Life) completes the close of the financial results for their portion of the plan in late February or early March.

Our consultants, TPF&C, then performs an audit of these figures, and from these figures, the Annual Report is produced which the CDA and the Co-Sponsors receive. Depending on the scheduling and Laurentian/Imperial's completion of the 1987 figures, we may be in a position to have the audited figures presented to the CDSPI Board at our April meeting and final figures for 1987 will be available to the CDA in our report to the Board of Governors in Edmonton.

However, it is possible to provide some preliminary and unaudited figures as we know them at the time of the writing of this report in connection with the Life Plan experience.

TPF&C have been able to compile experience figures for the Life program as at December 31, 1987, which indicate that paid Life claims to that date are \$3,690,000 compared to earned net premium to that date of \$2,319,130.

These preliminary figures indicate that 1987 was not a good year for experience in the Life Plan and the Council on Insurance and Investment will have to take this into account when considering any recommendations for further distributions of plan surplus.

2. Limited Market Dealer

At our September Board Meeting, our Board was informed that it was necessary for CDSPI to register with the Ontario Securities Commission with regards to our activities in the administration of the CDA RSP. At that time our lawyers had informed us that the rules of the game had changed, and the Ontario Securities Commission was requiring that applications be submitted for examination as to whether or not an organization doing the type of work that CDSPI does for the CDA RSP required certain changes in its practices, or met the registration requirements that were now being developed.

The CDA Executive were informed of this requirement by letter on October 13, 1987, with such communication indicating that a conditional registration had been granted to CDSPI by the Ontario Securities Commission. At our December 1987 Board Meeting, the Board received for their information a copy of the formal application which was filed with the Ontario Securities Commission on November 10, 1987. At the time of our December Board Meeting, our solicitors had indicated that approximately 600 applications had been filed and, at that time, there was no word as to the position of our application. As of the date of the writing of this report, there still has been no word. As soon as any communication has been received, the CDA Executive will be informed and an update report will be provided to our Board at our April Meeting.

In the meantime, we have discussed with our solicitors whether or not there should be development of any contingency plans by CDSPI in the event the OSC declines the application. They have informed us that, in their opinion, there are only minor areas of possible concern the Commission might have, most of which are administrative and all of which can be addressed over a period of time.

As part of the November 10, 1987 submission to the Ontario Securities Commission, a document entitled "The Statement of Business Activities - Canadian Dental Service Plans Inc." was included. This statement was an outline of exactly what CDSPI does in relation to the administration of the CDA RSP. It is attached hereto as Appendix A for your information.

APP. A

3. Hold Harmless

As an update to the direction we received from the Board of Governors regarding "hold harmless" clauses in capitation contracts, we have reviewed additional material from Dr. Dolansky. This material outlines a legal situation in the State of Michigan wherein a PPO is being sued in a malpractice action. This situation will probably end up in the U.S. Supreme Court.

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Advertising in the dental journals will continue for 1988, as the marketing survey indicated that, particularly the CDA journal presented a high level of readership for exposure of the plan. The newsletter will also be continued in 1988 because the survey showed that this vehicle is an overwhelming favourite with participants and they obtain most of their information on CDSPI from the newsletter. Because of its popularity, we will be increasing its frequency from three issues to four issues.

The student and Grad Packages will continue to be a highly promoted item.

Feedback from the profession in the survey indicated that many dentists want more information about CDIP and insurance in general. We will, therefore, be looking at an education campaign in 1988, touching on such topics as insurance planning tips, information on how to increase insurance as needs grow and more general topics to assist dentists in the area of dealing with an insurance agent and being more informed.

1988 will also see a continuation of editorial articles for use by provincial journals, continuation of mail stuffers, a promotion regarding our insurance review service and a continuation of loss prevention articles.

As part of the overall Retirement Services Budget, a cost of \$63,000 has been allocated for advertising and promotion for 1988. This is part of the overall costs of the division's operations. The 1988 approved marketing plan in this area has been developed as a result of the survey indicating that the most effective way to communicate to dentists on the RSP is through the newsletter, journal articles and direct mail.

Consequently, we intend to build on last year's advertising strategy, with centerfold ads once again in the CDA and ODA journals during the busy RSP season, supported by periodic half-page ads throughout the year. In tracking the effectiveness of responses to 1987 advertising of the CDA RSP, we found the CDA Journal six times more effective than one of the other journals where ads were placed, and three times more effective than one provincial journal. As a result, our advertising strategy in 1988 will be a major thrust through the CDA Journal.

In 1988 we will be adding a RSP Hotline during the busy RSP season in order to provide quick turnaround of information on basic subjects.

We also intend to create quarterly mail stuffers which will be inserted in regular CDIP mailings and other general mailings of CDSPI in order to increase the awareness of the program. Good performance will be the key message.

Executive Council appreciates the above information and requests that the Council on Insurance and Investment provide for additional recognition of CDA and the corporate bodies who are joint owners of CDIP.

5. Maternity Leave Benefits

Early in 1987 we became aware of the fact that there were a number of cancellations taking place in the area of LTD coverage. Upon investigation it was noted that a significant number of these cancellations were female dentists. We investigated this further and developed a scenario that not only were cancellations taking place, but a number of females were not obtaining LTD from us because of the lack of maternity benefits under the current CDIP LTD contract.

The contract does not provide maternity leave coverage, but only provides LTD benefits for complication at the time of delivery, or complications as a result of an actual pregnancy. Some other private coverages are not as restrictive and, in some cases, actually do provide coverage on a "maternity leave" basis. Any salaried female dentist is covered under the Unemployment Insurance Act, but self-employed female dentists have no coverage under CDIP for maternity leave. We felt this was somewhat prejudicial and decided to review the situation further.

In April we asked our consultants to explore this area, and an investigation took place. At our December Board Meeting, a proposal was presented and the Board has endorsed it in principal. We are now looking into a special ruling from Revenue Canada regarding the possible tax status of the benefit plan which has been designed and, once this is complete, it will be returned to the CDSPI Board for further consideration.

6. Effects of Aging

During the latter part of 1987 management discussions took place regarding the aging factor that may be creeping in to the Life, LTD and Office Overhead Plans.

As part of the discussion, consideration was given as to forecasting the possible effects of such a process. Our consultants provided us with a preliminary outline of the data that would be needed and the cost involved.

Currently we have started to put in place a mechanism for the gathering of the data, which will permit an analysis of the possible aging effects. We will be looking at this as a future project to analyse the possible future experience of both the Life and LTD programs.

7. CDA RSP

Attached as Appendix B is a schedule on the CDA RSP growth as at December 31, 1987, along with an analysis of the deregistration figures as at the same date. These are the most up-to-date figures available as at the time of the writing of this report.

APP. B

The Annual Report of the CDA RSP will be available to the CDA and the participants of the plan in early July.

In December 1987, as approved at the last Board of Governors' Meeting, the "ten for one" unit split took place in the CDA Common Stock Fund. This was reflected on the last quarterly statement to participants, along with a special notice indicating that the split had taken place.

Attached as Appendix C is a copy of a CDA RSP performance update for the period ending November 30, 1987. This update will form part of a national mailing to be done to promote the CDA RSP in January, and provides participants with performance figures after the "market crash".

APP. C

During this anxiety period in October and November, a considerable number of calls were received by CDSPI. Most of the calls questioned the security of the CDA RSP and indicated a general lack of knowledge of how RSPs, in general, operate and how the CDA RSP functions.

These concerns were again expressed at the December CDSPI Board Meeting, at which the Management Committee presented the Board with an update report on exactly how successful the CDA RSP Funds had weathered the storm. As a result, a special bulletin was prepared on security and a general information package prepared responding to common questions CDSPI is asked. This document, attached as Appendix D, will also be part of the January mailing to the profession.

APP. D

8. Retirement Counselling

APP. E & F

Attached as Appendix E is a schedule outlining the Retirement Counselling Seminars conducted by CDSPI in 1987, with comparative figures for 1986. In 1987, 93 One-on-One Counselling sessions were also provided, compared to 29 in 1986. Attached as Appendix F is the schedule for 1988 Retirement Counselling Seminars.

We would encourage all provinces to inform their members of these dates and locations in order to assist in promoting this service.

Each provincial association and dental society in connection with the seminar city will be contacted during 1988 and asked for their assistance in distributing the seminar brochure. Any promotional assistance that can be given to make the dental profession aware of this valuable service is appreciated.

Respectfully submitted,

John E. Durran, D.D.S., Chairman
Council on Insurance and Investment
President - CDSPI

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Insurance and Investment with appreciation.

STATEMENT OF BUSINESS ACTIVITIES
Canadian Dental Service Plans Inc.

Canadian Dental Service Plans Inc. ("CDSPI") is a Canadian corporation without share capital, the members of which are the Canadian Dental Association ("CDA") and the corporate members of the CDA which represent dentists in each of the provinces of Canada, these corporate members being in each case either a provincial statutory licensing body or a provincial dental association. CDSPI has been authorized by the CDA to act as its Council on Insurance and Investment (a committee constituted under the by-laws of the CDA which reports to the CDA Board of Governors). In that capacity CDSPI provides administrative services with respect to the offering and implementation of co-operative benefit plans to members of the CDA and the provincial dental organizations who are members of CDSPI and provides other related services.

The CDA originally established a retirement savings plan in 1957 for the purpose of enabling Canadian dentists to plan for their retirement through the savings of tax-deductible contributions. Until 1983 it was structured in the manner described in the Ontario Securities Commission order included in Schedule B to CDSPI's application for registration. Following the issuance of that order the assets of the Plan were withdrawn from Royal Trust Company and the CDA Retirement Savings Plan (the "Plan") was established in its current form.

In order to establish the Plan the CDA entered into a contract of group insurance with The Imperial Life Assurance Company of Canada ("Imperial Life") to provide annuities for eligible participants. Eligibility to participate in the Plan is limited to dentists, dental surgeons, their employees, CDA and CDSPI employees, employees of the provincial dental associations and corporations and spouses of the foregoing individuals. The Plan has been approved by Revenue Canada as a Registered Retirement Savings Plan.

Imperial Life is incorporated and licensed under the Canadian and British Insurance Companies Act (the "C&B Act") to carry on the business of life insurance and accident and sickness insurance. Imperial Life is licensed in all provinces of Canada, and in particular under the Insurance Act (Ontario) (the "Insurance Act") to carry on the business of life insurance, and accident and sickness insurance.

The Plan is a variable insurance contract in accordance with section 87(1) of the Insurance Act. The separate and distinct funds with separate assets are maintained in accordance

with section 81 of the C&B Act. The contract is a security, but is exempt from the prospectus and registration requirements of the Act by virtue of section 34(2) 1(c) of the Securities Act (Ontario) and section 14(a) of the Regulation under the Act.

The separate and distinct funds with separate assets are managed by Impco Investment Management Limited ("Impco"), a subsidiary of Imperial Life. Impco is registered as investment counsel and portfolio manager with the Ontario Securities Commission.

In accordance with the understanding reached between the Minister of State (Finance) for Canada and the Minister of Financial Institutions for the province of Ontario, the activities of Imperial Life in relation to the Plan are regulated by the Federal Office of the Superintendent of Financial Institutions.

The Plan is administered under an agreement entered into among Imperial Life, the CDA and CDSPI. CDSPI, as the CDA's Council on Insurance and Investment, performs certain services in connection with the administration of the Plan on behalf of the CDA including giving to Imperial Life the instructions, consents and directions to be given by the Agreement Holder (i.e. the CDA) under the variable annuity contract. These instructions, consents and directions relate to such matters as investment restrictions, Plan design and other similar matters. CDSPI has also been authorized by Imperial Life to provide on its behalf certain services relating to the Plan. These services include distribution of informational material and application forms, collection of premiums, return of applications to Imperial Life and routine correspondence and communication with participants generally. For these services CDSPI is entitled to be reimbursed for its costs up to a maximum annual amount.

All application forms relating to the Plan are sent to CDSPI in the first instance. Upon receipt of an application CDSPI staff verify that the applicant is eligible to participate in the Plan, forward the application to Imperial Life and deposit the applicant's premium payment into a trust fund held by CDSPI for the Plan. All funds in that trust fund are transferred electronically to Imperial Life on Thursday of each week by the Royal Bank of Canada. A statement acknowledging receipt of the application and premium payment is sent by CDSPI to the applicant within 10 days of the date on which the application is received. Presently quarterly statements and tax receipts are prepared by Imperial Life and sent to the Plan participants by CDSPI but CDSPI has agreed that as of July 1, 1988 it will assume responsibility for both the preparation and the distribution of these statements and receipts.

Premiums paid to the Plan by eligible participants must be directed to one or more of the five Plan funds by the participant, these funds being a fixed income fund, a common stock (equity) fund, a money market fund and a balanced fund, all of which are managed by Impco, and a guaranteed fund which is managed directly by Imperial Life. All investment decisions concerning the Plan funds are made by Impco. CDSPI, acting on behalf of the CDA, has given Impco a general direction that the Plan funds are to be managed conservatively but does not participate in any way in the investment decisions made by Impco or in the management of the funds.

The information provided by CDSPI staff in response to inquiries relating to the Plan is factual information concerning such things as how to become a participant in the Plan, what funds are available and the consequences of making withdrawals from the Plan. No investment advice whatsoever is provided by CDSPI staff in connection with the Plan or its investment funds. The Plan is advertised in dental journals and representatives of CDSPI and Imperial Life on occasion attend dental conventions at which brochures concerning the Plan are distributed. The only general mailing regarding the Plan which is made to the members of the CDA and its corporate members consists of the inclusion with other CDA materials of a copy of an advertisement for the Plan placed in the CDA Journal. All advertisements, brochures and other materials prepared or distributed by CDSPI in connection with the Plan are subject to the prior review and approval of Imperial Life, Impco and, when appropriate, CDSPI's solicitors. The only comparisons with other plans provided to participants or prospective participants are comparisons prepared by independent third parties and published in publications such as the Financial Post or the Financial Times and the reference source is always clearly shown on any such comparison made available to a Plan participant or prospective participant. Participants in the Plan receive an annual report prepared by Impco which contains the audited financial statements for the Plan. In addition, Impco prepares a newsletter which is distributed to Plan participants with each quarterly statement discussing various matters relating to the performance of the funds. The newsletter is written by Impco and reviewed by Imperial Life.

The purpose of the Plan is to provide to members of the CDA and its member corporations a well-managed, good performing and low cost retirement savings plan. As a non-profit corporation CDSPI is able to provide its services to the Plan at cost, thereby reducing the overall expenses of operating the Plan. No front-end load fees or commissions, fees to switch from one fund to another within the Plan or redemption fees are charged against the funds. The only management and administration fee charged against the funds is a fee of 3/4 of 1% of the net asset value of the funds. This fee is calculated

weekly and CDSPI is reimbursed for its costs on a monthly basis by Imperial Life. No amounts are deducted or withheld by CDSPI from the participants' contributions in connection with its costs of administering the Plan. A report is provided to CDSPI by Imperial Life on a monthly basis showing the fee calculations and the fees charged against the funds are disclosed in the Plan's annual report. As of July 1, 1988 when CDSPI assumes additional administrative duties in connection with the Plan the management and administration fee will be decreased to the amounts set out in Schedule A to this statement.

All contractual obligations to make payments from the Plan are obligations of Imperial Life and CDSPI has no involvement in the making of such payments. This arrangement will not change after July 1, 1988.

The financial statements of both CDSPI and the Plan are audited annually by CDSPI's auditors, Clarke, Henning & Co., Chartered Accountants, Toronto. CDSPI's fiscal year end is December 31 in each year. The financial statements of Imperial Life are audited annually by the firm of Coopers & Lybrand.

The Plan as at September 30, 1987 had assets of approximately \$89,425,000, and 2,741 participating members, approximately 1,304 of whom reside in Ontario.

I, KINGSLEY D. BUTLER, hereby certify that the attached information describes the business activities of CDSPI relating to the Plan.

DATED at Toronto this day of November, 1987.

Kingsley D. Butler, C.A.
Executive Vice-President

Schedule A

Management/administration fee as of July 1, 1988:

On first	\$65,000,000	-	.75%
On next	\$35,000,000	-	.55%
Above	\$100,000,000	-	.50%

The fee is charged on the net asset value of the funds other than the guaranteed fund, in respect of which no management or administration fees are charged.

CDA RSP GROWTH

MONTH: DECEMBER 1987PLAN YEAR 1987

	\$ Current Month	\$ Year-to-Date 1987	\$ Year-to-Date 1986	% Increase (Decrease)
NEW ACCOUNTS	8	220	215	2.3%
<u>CONTRIBUTIONS:</u>				
Fixed Income	38,595.13	1,140,620.00	1,495,287.69	(24%)
Common Stock	91,608.28	3,586,179.95	2,523,012.05	42%
Money Market	123,835.82	1,973,565.35	1,190,037.62	66%
Balanced Fund	91,596.28	2,952,684.78	1,422,392.82	108%
Sub-Total	345,635.51	9,653,050.08	6,630,730.18	46%
Guaranteed Fund				
1-Year	29,405.37	221,473.42	101,107.59	119%
2-Year	--	21,840.00	45,671.08	(52%)
3-Year	25,083.57	144,492.96	117,496.08	23%
4-Year	--	2,000.00	--	100%
5-Year	2,871.69	160,048.09	76,982.54	108%
Sub-Total	57,360.63	549,854.47	341,257.29	61%
TOTAL CONTRIBUTIONS (includes Transfers-in)	402,996.14	10,202,904.55	6,971,987.47	46%
<u>TRANSFERS-IN:</u>				
Number of Transfers	40	790	525	50%
Amount \$	201,626.60	7,949,593.97	5,321,100.98	49%
NET CONTRIBUTIONS	201,369.54	2,253,310.58	1,650,886.49	36%
<u>DE-REGISTRATIONS:</u>				
Number of Accounts	12	91	96	(5)%
Amount \$	316,274.38	2,899,222.44	3,085,992.12	(6)%
<u>NET GAIN (LOSS):</u>				
Number of Accounts	(4)	129	119	8%
Amount \$	86,721.76	7,303,682.11	3,885,995.35	88%
TOTAL # OF ACCOUNTS		2,743	1,902	44%
<u>Comments:</u>				

RSP DE-REGISTRATIONS
COMPOSITION

MONTH: December 1987

PLAN YEAR: 1987

TYPE	Current Month Transactions	Current Month \$	Year-to-Date 1987 Transactions	Year-to-Date 1987 \$	Year-to-Date 1986 No.	Year-to-Date 1986 \$	Increase (Decrease) % - \$
<u>OTHER RSP's:</u>							
Self-Directed G.I.C.'s	2	88,351.28	18	710,581.74	15	508,013.33	
Other	-	--	3	33,980.92	1	12,884.66	
	4	30,969.68	30	900,477.41	19	251,928.15	
Sub-Total	6	119,320.96	51	1,645,040.07	35	772,826.14	112%
RRIFs	2	54,325.31	11	500,197.34	6	553,029.77	
Annuities	2	113,170.62	6	257,833.73	13	740,037.44	
Death Benefits	1	1,800.00	5	225,267.75	9	754,475.33	
Cash Withdrawals	5	26,881.91	36	235,979.42	33	255,205.62	
Ref.Excess Cont.	2	775.58	6	8,670.58	-	10,417.82	
Miscellaneous	-	-	5	26,233.55	-	-	
Total	18	316,274.38	120	2,899,222.44	96	3,085,992.12	(6%)

CDA RSP PERFORMANCE UPDATE

For the period ending November 30, 1987. Source: Financial Times
Average annual compound rates of return

FUND NAME	1 YR.	3 YR.	5 YR.	10 YR.
Fixed Income	3.4%	10.7%	11.6%	10.8%
Common Stock	2.1%	15.8%	16.0%	15.8%
Money Market	7.6%	8.8%	9.3%	10.7%
Balanced	1.4%	12.2%	13.5%	-

N.B. Above results are AFTER ALL FEES HAVE BEEN DEDUCTED!

Investing for the LONG-TERM does pay off.

Check our Common Stock performance with other leading performers:

EQUITY FUNDS	1 YR.	3 YR.	5 YR.	10 YR.
CDA Common Stock	2.1%	15.8%	16.0%	15.9%
Canadian Investment Fund (CIF)	-3.7%	6.8%	9.9%	11.9%
Dynamic Fund	4.6%	14.1%	13.1%	16.8%
Industrial Growth	5.5%	13.8%	15.2%	16.4%
Investors Retire. Mutual	2.3%	11.4%	11.9%	14.3%

N.B. COMPETITORS' RESULTS ARE EVEN LESS THAN SHOWN ABOVE: These figures are prior to the deduction of sales charges and annual administration fees.

GOOD NEWS

If guaranteed results are your preference, why not choose the CDA Guaranteed Fund (G.I.C.s) with compounding rates of return. Rates are guaranteed for the term chosen. OUR RATES ARE BETTER. No fees whatsoever.

Compare the following:

	1 YR.	2 YR.	3 YR.	4 YR.	5 YR.
CDA GUARANTEED FUND	9.25%	9.60%	10.10%	10.35%	10.60%
Average compound rate of return	9.25%	10.06%	11.15%	12.07%	13.10%
Royal Trust	9.00%	9.50%	10.00%	10.25%	10.50%
Canada Trust	9.00%	9.50%	10.00%	10.25%	10.50%
Average compound rate of return	9.00%	9.95%	11.03%	11.94%	12.95%
Royal Bank	9.00%	9.50%	9.75%	9.75%	10.25%
T-D Bank	9.00%	9.50%	9.75%	9.75%	10.25%
Average compound rate of return	9.00%	9.95%	10.73%	11.27%	12.57%

YES - OUR RATES ARE BETTER!

Above rates in effect December 21, 1987 --- For current rates call CDSPI and ask for the RSP Hot Line.

For transfers from other RSPs Laurentian Imperial will guarantee the quoted rate for the Guaranteed Fund for 30 days!

SPECIAL BULLETIN

Security

A number of regional financial institutions have failed over the past few years and in so doing have made investors cautious of the security of funds invested, particularly in RSPs. These instances have brought a number of enquiries from dentists, asking about the security of the CDA RSP and whether it is covered by the Canadian Deposit Insurance Corporation (CDIC).

The simple answer is no. The CDA RSP, however, offers five investment options, and four of these options are in Mutual Funds that are market based, i.e. their increase and decrease in value depends on stock market movement, interest rate levels and the Funds respond to the overall economic climate at any given time. Mutual Funds, whether they are issued by banks, trust companies, credit unions or investment houses, do not qualify for Canadian Deposit Insurance Corporation coverage.

Let us discuss specifically the security of the CDA RSP. Since the Investment Manager is the Laurentian/Imperial Company, it is not covered by CDIC since life insurers do not have the type of guarantee that is applicable to the Canadian Deposit Insurance Corporation. Laurentian/Imperial, however, is a Federally licensed company and, as such, operates under the Canadian and British Insurance Companies Act and is regulated by the Federal Department of Insurance. It is subject to regular review by regulatory authorities from the Federal and Provincial level. The Insurance Companies Act, and the regulations under it, contain many provisions which are designed to ensure the solvency of the insurance companies governed by the Act.

The four Mutual Funds in the CDA RSP, as administered by Laurentian/Imperial, are on a segregated basis. This means that the assets of these Funds are available only to meet the claims of the insurance contracts invested in those segregated Funds. In other words, they do not form part of the overall liabilities of Laurentian/Imperial, since they are not their Funds but separate Funds that are basically held "in trust" for participants.

The Guaranteed Fund portion of the CDA RSP is part of the general Fund of Laurentian/Imperial and is a liability of the insurance company within its financial structure. As a Guaranteed Fund is made up of one, two, three, four or five year term deposits (GICs), and with a life company, it is not a part of the Canadian Deposit Insurance Corporation. However, such a guarantee is being developed by the insurance industry and it should be in place and have the same level of guarantee as the CDIC, early in 1988.

It is interesting to note that the failed financial companies over the last few years have all been regionally based and did not fully participate in the diversified portfolio of investments across the country. Laurentian/Imperial is a Federally licensed company that has holdings on an international scale. When considering where to place your investment funds, particularly with a RSP, the most important thing (besides a guarantee) is the size of the corporation, the

management of that corporation, it is a publically owned corporation and it is financially sound. The fact that Laurentian/Imperial meets with the CDSPI Management Committee on a quarterly basis and reports on a monthly basis provides us with the opportunity to monitor on a regular basis as to the soundness and philosophy of the Fund Manager.

It also might be interesting to note that at no time has any Canadian contract holder lost a single dollar from a Federally licensed life insurance company through non payment of the amount guaranteed in an insurance or annuity contract which pays benefits on death or maturity. Such is the contract that binds the CDA RSP.

INFORMATION

Common Questions That CDSPI Is Asked

Q What is a Mutual Fund?

A Investors contribute their money to create a pool of funds that permit individual investors to spread their risk over a diversified investment of securities, be it common stocks, bonds or mortgages. The Fund is managed by professional investment managers who make the selection of the securities held for the participants of the Fund, where each investor has a pro-rated interest in the gain or loss of the securities within the pool. For example, if there are 50 stocks within the investment fund, the amount of money that one individual has in the whole fund, has a proportionate interest in each individual stock according to the money invested and the number of shares at each security within the fund. A \$1,000 investment, for example, is spread over the 50 different stocks. This is the type of diversification that an individual investor with \$1,000 could never obtain.

Q What are the Mutual Funds in the CDA RSP?

A There are four Mutual Funds:

°The Fixed Income Fund which, in spite of its name, does not mean returns are guaranteed. They can fluctuate depending on interest rates. The participants within this Fund invest in long term Federal and Provincial government bonds, as well as high grade corporate bonds and some mortgages. The various holdings will have different rates of interest and different maturities, but each participant has a piece of each investment. The name "Fixed Income" comes from the fact that each security will have a fixed rate of return for the life of the individual security.

°The Common Stock (Equity) Fund invests in Canadian common stocks and perhaps up to 10% of U.S. stocks. The Manager will also have a certain percentage in cash or short term Treasury Bills, depending on the economic climate.

°The Money Market Fund allows participants to partake in a pool of short term Treasury Bills issued by the Federal government, and short term deposits issued by the five major chartered banks of Canada. All investments in this fund have maturities of less than one year. Therefore, this Fund provides you with attractive current interest rates.

°The Balanced Fund operates similar to a large corporate pension fund. The Fund Manager selects some common stocks, bonds, mortgages and short term Treasury Bills and cash and will constantly monitor and adjust the overall percentage of the mix according to the economic climate at any given time.

Q What is the risk of investing in Mutual Funds?

A There are various levels of risk, but the old adage still holds true - The greater the risk, the higher potential return. In the CDA RSP, the Money Market Fund has next to no risk, and over the longer term will probably end up performing the fourth best of the four Funds. The Common Stock Fund, on the other hand, is the most volatile, as it does invest in common stocks. Over the long term, however, it has proven to be the best performer. Obviously some years it performs better than other years.

Q What is a unit?

A When a participant invests in a Mutual Fund, instead of receiving shares of the individual stocks, the Mutual Fund issues units in proportion to the money contributed. These units will go up and down in value according to the economic conditions.

Q What is a valuation, and how is it done?

A A valuation is a particular day when the Fund units are valued and a price determined similar to that of a price which a share of stock is quoted. Mutual Funds are valued at various times. Some are daily, some weekly, others monthly and some quarterly. The CDA RSP, being that it is a RSP, is valued on a weekly basis.
In simple terms, valuation is done at the close of business on valuation day. The various securities within each Fund are valued according to their market price, the total is divided by the number of units within the Fund, allowing for deposits in and money going out, plus any costs, interest or income in the Fund, to come up with a specific unit value.

Q How does a valuation affect my transactions?

A As with any Mutual Fund, you are always buying at an unknown value or selling at an unknown value. When you contribute your money, you will have knowledge of the previous valuation from the most recent valuation day, but it will buy you units at the next valuation day after you made the contribution. The same applies when you sell or redeem. An indication of what the price of a

unit may be can be gathered by following the indices or trends in the various markets. The Common Stock Fund would move in a similar direction to the Toronto Stock Exchange Index. The Fixed Income Fund would be driven by what the interest rates were on each Friday, and can be monitored by following the setting of the Bank of Canada rate each Thursday.

Q How often does a valuation take place?

A Each of the four Mutual Funds are valued every Friday. The Guaranteed Fund, since it contains term deposits or GICs, does not have a valuation date and can be purchased any day and the rate of interest quoted for the specific time will be guaranteed for the term selected (one, two, three, four or five years).

Q If I were to deposit funds to the Common Stock Fund, can I ever get out without closing the plan?

A Yes. You can move into or out of the Fund, or any of the Funds, on any valuation date (any Friday). You can switch part of the funds, or all of the funds, from one Fund to another on any valuation date. You can withdraw all or part of the funds on any valuation date. You can have your money spread across any number of the Funds.

N.B. The Guaranteed Fund cannot be switched to any other Fund until the individual deposit in the Fund has matured.

Q How do I switch from one Fund to another?

A By providing written notice to CDSPI to reach our Retirement Services Department no later than noon on a Monday to make the switch effective the previous Friday. The written notice can be done by letter, special delivery, registered mail, telegram, priority post, courier or can be faxed. There are various levels of cost to whatever procedure you elect, so obviously if you can provide us with information earlier in the week, you can take more time, and the cost is only a postage stamp. But if you make your decision on a Friday and you wish it to be effective that Friday, you would have to let us know by courier, telegram or faxed message right away.

For further information on switching and how it can be done, call our Retirement Services Department at CDSPI.

Q What are the costs of Mutual Funds?

A In many Mutual Funds there can be front-end load fees of up to 9% on each deposit, and there can be back-end fees where they charge you to get out of the Fund. The CDA RSP has no front-end, back-end fee of any kind, other than an annual administration/management fee. We might add that every Mutual Fund has a management fee, since whoever looks after the Funds must be paid for doing the job. This is always in addition to any of the other charges that normal Mutual Funds will apply.

As we said, the CDA RSP does not have any charges other than the administration/management fee, which is a maximum of .75 of 1% per annum and it is taken out of the earnings of the Fund so that your full investment dollars go to work immediately.

Q What Fund or Funds are best for me to invest in?

A A very good, and a very common, question. Each individual has different objectives and goals and different comfort levels of investing. For example, if you are not aware of the stock market and have never invested in stocks, you would be unwise to deposit all of your money in the Common Stock Fund. You may not be prepared to take the ups and downs of a volatile stock market.

On the other hand, if you like the security of knowing you have put your money into the Fund, and you want a guaranteed rate of return, together with the principal, then the Guaranteed Fund is the place to invest.

For many people it might be best to consider having a diversification and a variety of Funds within your portfolio. For example, a young individual has time on their side to ride out any bad stock market conditions and, therefore, may want to put up to 50% in Common Stock, 20% in the Balanced Fund, 20% in Fixed Income, and the remaining 10% in the Money Market or Guaranteed Fund.

Between the ages of 45 and 55, security becomes a larger factor and perhaps the ratios would change to perhaps 30% in the Common Stock, 20% in the Balanced Fund, 20% in the Fixed Income and the remainder in the Guaranteed Fund or the Money Market.

Between the ages of 55 and 65, as much as 60%-70% should be in Fixed Income investments or the Guaranteed Fund, with the other 30%-40% spread between the Balanced Fund and the Common Stock.

After age 65, as much as 90% or 100% of the funds should be Fixed Income securities.

NOTE: These are just some guidelines, and do not apply to everyone. Remember, your age and your comfort level of investment play a major part in how you should invest your funds to obtain your objectives.

Q How long should I invest in the Mutual Funds?

A Mutual Funds are long term investments. By long term we should be looking at seven years or more. If you want to invest for five years or less, why not choose the Guaranteed Fund, where you are guaranteed a specific interest rate for a specific length of time and your principal is guaranteed as well. Over the longer term it has proven that Mutual Funds pay off, but you must give them the time to perform.

The key to investing in Mutual Funds is to be patient. More investors have lost money from switching from one Fund to another, trying to rack up short term gains. More times than not it fails to accomplish the purpose, and results in a poorer performance than if funds had just been left to accumulate in which Fund(s) had originally been selected.

Q What is dollar-cost-averaging?

A By making regular contributions to one particular Fund or Funds, on a quarterly or monthly basis, rather than once a year, you are buying at various prices, both high and low. By doing this, you are never buying at the high, or at the low, however, over the longer term it proves to be the best way to obtain maximum results.

Q Can I transfer any of my existing RSPs with other financial institutions to the CDA RSP?

A Yes. It is very simple. Just call CDSPI and ask for a transfer form. Complete this form, authorizing the transfer to take place. We do the work. Sometimes there are costs to transfer one RSP to another (although there are no costs with the CDA RSP), and of course if you had GICs at another institution they could not be transferred until they matured. CDSPI will let you know if there are any costs involved in such a transfer before it takes place. We sometimes can point out how to avoid the costs or how to minimize them.

Q Can I transfer Registered Pension Plan money to the CDA RSP?

A Yes. It could be a pension accumulation from the government or from a university, but they can be easily transferred to the CDA RSP. Call CDSPI and we will send you the proper forms, explaining them to you and indicating where to sign.

Q What are the contribution limits for RSPs?

A They seem to change each year at the whim of the government, however, for 1987 and 1988 they are 20% of earned income to a maximum of \$7,500 if you do not belong to a Registered Pension Plan. If you belong to a Registered Pension Plan, for 1987 and 1988 you are restricted to the difference between what you have contributed to the pension plan to a maximum of 20% or \$3,500 to the RSP.

Q How do I know how my current RSP is performing, and how can I get it evaluated?

A This is a common question, and if you ask a salesman (whether he is in the life business, the brokerage business or perhaps even a trust company) he/she may not be able to value from an objective point of view. At CDSPI we have the expertise to evaluate any and all RSPs to let you know of any hidden costs that may apply and exactly what your returns are. Call us.

RETIREMENT COUNSELLING SEMINARS

LOCATION AND DATE	PAID REGISTRANTS	SPOUSES	COMPLIMENTARY REGISTRANTS	TOTAL PARTICIPANTS
Victoria February 5, 1987	17	13	0	30
Vancouver February 6, 1987	35	27	1	63
Edmonton March 27, 1987	43	34	1	78
St. Catharines April 3, 1987	14	6	0	20
Regina April 10, 1987	19	13	1	33
Toronto May 8, 1987	42	28	0	70
Toronto May 9, 1987	15	7	3	25
Thunder Bay June 5, 1987	13	9	0	22
Ottawa September 11, 1987	21	14	1	36
London September 18, 1987	38	26	0	64
Montréal October 2, 1987	13	6	2 & 1	22
Halifax October 22, 1987	13	7	3 & 2	25
TOTALS FOR 1987	283	190	12 & 3	488
TOTAL FOR 1986	163	129	13	305

1988 SEMINAR SCHEDULE

VANCOUVER, B.C.	FEBRUARY 5th	WESTIN BAYSHORE
CALGARY, ALBERTA	MARCH 25th	PALLISER HOTEL
WINNIPEG, MANITOBA	APRIL 8th	INTERNATIONAL INN
SASKATOON, SASKATCHEWAN	APRIL 22nd	RAMADA INN
TORONTO, ONTARIO	MAY 6th	L'HOTEL
OTTAWA, ONTARIO	SEPTEMBER 9th	WESTIN HOTEL
LONDON, ONTARIO	SEPTEMBER 23rd	HOLIDAY INN
MONCTON, N.B.	OCTOBER 7th	HOTEL BEAUSEJOUR
MONTREAL, QUEBEC	OCTOBER 14th	RITZ CARLTON

COUNCIL ON STUDENT AFFAIRS

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

- Council Members: Miss Madelaine Shildkraut, Chairman, McGill University
Mr. Dave Zaparinuk, University of British Columbia
Mr. Scott MacLean, University of Alberta
Mr. Dennis Fuchs, University of Saskatchewan
Mr. Ashoka Subedar, University of Manitoba
Mr. Mohamed Gulamhussein, University of Toronto
Mr. Alan Kwong Hing, University of Western Ontario
Mlle Louise Baribeau, Université de Montréal
Miss Linda Wiltshire, McGill University,
(replacing Mr. Stephen Wisebord)
Mr. Roger Bélanger, Université Laval
Mr. Adrian Power, Dalhousie University
Mr. Doug Lovely, Student Governor, Dalhousie University
Dr. Pamela Zakarow, Past Student Governor, Oshawa, Ontario
Dr. Bob Barr, Past Chairman, Medicine Hat, Alberta
- Executive Liaison: Dr. Ray Wenn, Charlottetown, P.E.I.
- Coordinator: Miss Linda Teteruck

1. Council Meetings

Council has met once since the last Board meeting on September 26, 1987, in Saskatoon, immediately following the 1987 Canadian Dental Students' Conference.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Practice Management Manual - Revisions

Council was presented with a review of the following newly written chapters for the Manual: Stress and Stress Management; Emerging Practice Modes and Funding Systems; Appointment Book Control; Recall Visits and Effective Recall Systems. It was suggested that the CSA representatives provide CDA staff with the names of their Practice Management teachers who will also be requested to critique these chapters.

3. Student Membership Fees 1988-89

The CDA student membership fees will increase in 1988 by 6% of the active CDA fee (\$290), to \$17.00. Concern was expressed by Council that the joint CDA/ODA fee in 1988 would be approximately \$37.00, but it was agreed that the motion currently on record which stipulates that the student fee should be 6% of the active fee, be supported.

4. The Canadian Fund for Dental Education

It was proposed by Council that the CDA student representatives assume the responsibility of coordinating student activities related to CFDE fund raising during CFDE Month, commencing in 1987. It was further concluded that the Student Representative Manual be amended to include this responsibility.

5. Infection Control Guidelines

Council recommended that the CDA forward the current Atlanta Guidelines to members for review.

6. Publications Committee

A proposal was extended by the CDA Publications Committee to the Council on Student Affairs to develop a regular student column in the CDA Journal. As a result of this proposal, a CSA sub-committee was set to investigate and recommend format, content, scheduling, etc. of such a column, and recommendations will be further reviewed by Council at its spring meeting.

7. Position Papers

Council recommended that CSA members prepare a position paper on current issues at their respective faculties.

8. CDSC'88

The 1988 Canadian Dental Students' Conference is scheduled to be held in Edmonton, Alberta, from August 24 - 27.

9. CSA Election Results and Representation to Other Meetings

Elections were held at the September 1987 meeting of Council for the positions of Governor-Elect and Chairman-Elect. Mr. Scott MacLean, University of Alberta and Mr. Ashoka Subedar, University of Manitoba, were elected to these positions, respectively.

Representatives designated to attend other meetings are:

National Dental Examining Board of Canada - Ashoka Subedar
Association of Canadian Faculties of Dentistry - Scott MacLean
CDA Council on Education & Accreditation -

Madelaine Schildkraut

American Student Dental Association - Doug Lovely (Fall '88)
CDA Interim Board of Governors - Doug Lovely, Scott MacLean,
Madelaine Schildkraut

Summary

On behalf of the Council on Student Affairs, I would like to express appreciation for the guidance, support and fellowship of our Executive Liaison, Dr. Ray Wenn.

I would also like to express the appreciation of the Council on Student Affairs, on behalf of all Canadian dental students, to the Canadian Dental Association for its continuing support of this Council, and in permitting us to become a part of organized dentistry in Canada.

Respectfully submitted,

Miss Madelaine Schildkraut
Chairman
Council on Student Affairs

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Student Affairs with appreciation.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTES DENTAIRE DU CANADA

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1) Priorities

Earlier this year, at the request of President Ron Markey, I outlined the priorities for ACFD/AFDC relative to the Canadian Dental Association. Our first priority continues to be a broadening of communication and understanding between our two organizations. I believe we have made some progress in that regard by establishing additional representation at the ACFD/AFDC Executive meetings. Now that we are located in Ottawa in the CDA building we hope that our presence will be felt and that CDA will consult the Association on matters of mutual interest and concern. Secondly, we are committed to the establishment of a Strategic Plan for the future of our profession that encompasses all constituencies that are affected. Therefore, we are looking forward to the opportunity to participate in the Strategic Planning Conference to be held in February. I have also suggested that it would be beneficial for the President and Executive of CDA to meet with the President and President-Elect of ACFD/AFDC on an annual basis to create a forum for more detailed discussion.

2) Strategic Planning

Strategic Planning has been undertaken recently by many associations and ACFD/AFDC is no exception. We are currently engaged in the process in an effort to better serve our membership and to establish definite goals and directions for the future. Needless to say, this involves close liaison with all national organizations concerned with the profession of dentistry.

3) Teaching Conference

In addition to the Strategic Planning Conference, we are looking forward to the 1988 Teaching Conference on Continuing Education. This will be held in conjunction with the ACFD/AFDC's annual House of Delegates meeting in June in Montreal. The Conference will be chaired by Dr. Guy Boyer, with assistance from the Education Committee of the Association. We are always grateful for the generous support provided by CFDE for these important meetings.

4) American Association of Dental Schools/International Association for Dental Research

In March in Montreal we are hosting our friends and colleagues from around the world at these two annual meetings. They promise to be both worthwhile and interesting with a chance for growth and interaction. Members of ACFD/AFDC will be contributing to both programs and we are very excited about participating in the joint symposium dealing with video disc technology - an area of tremendous potential for all levels of education in our profession.

Members of CDA and ACFD/AFDC have engaged in meaningful and worthwhile dialogue regarding these matters as well as the manpower issue. It is my expectation that this will continue in an open way with mutual understanding and support.

Respectfully submitted,

Marcia A. Boyd, President
ACFD/AFDC

ADOPTION OF REPORT

The Board of Governors receives the report of the Association of Canadian Faculties of Dentistry for information.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

The Canadian Dental Assistant's Association welcomes this opportunity to report to the CDA Board of Governors on some of the activities during this term of office.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. 1987 Annual Meetings

The Board of Directors and annual meeting of the association was held in Calgary, Alberta, October 2, 3 and 4th.

2. Geriatric Dentistry

Realizing the importance of proper dental care for geriatric patients the Board of Directors voted to become a member of the Geriatric Dentistry Society in 1988. Members of the Association will be urged to become more aware of the special needs of these people and to be more knowledgeable about them.

3. Workshops

Two workshops were held prior to the Calgary meeting - one on Goals and Priorities and the other on Certification and Education.

4. 1988 Convention

The CDAA will hold it's annual convention in Edmonton at the time of the CDA convention.

5. Certification

CDAA has been pleased to work closely with the CDHA and CDA on the Competency Profile.

The Council on Certification and Education has been restructured. The Chairman will be a dental director, the CDAA representative to the CDA Council on Education, three other members, two of whom should be dental assisting educators. Since this change will require a change in the Constitution, a Task Force was struck to begin work immediately on priority items. Named to the Task Force were Maureen Symmes, Ellen McCloskey, Marlane Paquin, Bev Jacobs and Betty Copp. The priority of the Task Force will be to develop and implement a national examination for Level 1 dental assistants by June 1, 1988.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION - 2 -

6. Membership

During the past year, the Membership Committee has been exploring the possibility of placing a levy on all certified/registered/licensed dental assistants in Canada. For too many years, a few people have carried and supported the work of the national association to the benefit of all. At the 1987 meeting, the Board of Directors voted to provide a reduced membership fee in those provinces who adopt the policy that an annual membership in the CDAA be attached to the annual licensure/registration of all certified dental assistants in that province.

This policy is now in effect in New Brunswick and Saskatchewan. Dental Assistants in P.E.I. have presented this request to the provincial licensing body and B.C. dental assistants will be doing so in the near future. Other provinces are still considering the feasibility of doing so.

7. National Dental Assistant's Recognition Week

National Dental Assistant's Recognition Week is the last full week in the month of March. This time is set aside to draw attention to the very worthwhile contribution dental assistant, make to the dental profession.

8. Annual meeting of the CDA Board of Governors

The CDAA was most pleased to have this opportunity to have our President, Diane Pike attend the 1987 meeting. Meetings with the President and Management Committee are always appreciated. We also commend the CDA for the inclusion of dental auxiliaries on the Council on Education and Accreditation.

9. 1988 Executive

President	Diane Pike, Brockville, Ontario
Vice President	Ellen McCloskey, North Wilshire, P.E.I.
Certification	Maureen Symmes, Edmonton, Alberta

Executive Director	Elaine Wesley
CDAA Office	204 - 542 - 7 Street South
	Lethbridge, Alberta T1J 2H1
	(403) 328-1948

Respectfully submitted,

G. Diane Pike, P.D.A.
President C.D.A.A.

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Dental Assistants' Association for information.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

On behalf of the Canadian Dental Hygienists' Association I wish to submit to the Canadian Dental Association, the following items for information.

1) Dental Hygiene Competency Profile

The Dental Hygiene Competency Profile is considered to be an important future component in the accreditation of dental hygiene educational programs, and as such, is being given serious consideration by CDHA.

The document has been distributed to Executive Council, a select group of dental hygiene educators, and several CDHA officials. Brian Henderson, Director of Accreditation has been invited to make a presentation to CDHA Executive Council at its Interim meeting in February, 1988. Executive Council will consider the Profile at this time and bring a recommendation to the Board of Directors at the Annual meeting in June, 1988.

Executive Council wishes to acknowledge the cooperative efforts of Mr. Brian Henderson in working with CDHA to develop an appropriate dental Hygiene Competency Profile.

2) National Dental Hygiene Study

A "first ever" mailed census survey of Canadian dental hygienists has been conducted by CDHA and CDHA Researcher, Patricia M. Johnson. Approximately 6,000 hygienists were surveyed with a response rate of 86%.

The purpose of the study is to develop an occupational profile of dental hygienists in Canada and to examine factors associated with their patterns of workforce participation and practice activities.

3) 11th International Symposium on Dental Hygiene

Canada will host the 11th International Symposium on Dental Hygiene in Ottawa, June 28 - July 1, 1989. The Symposium will include paper presentations, workshops, table clinics, commercial exhibits, and a host of social functions including organized tours. Highlighting the Symposium will be a presentation by the 10 Directors of the International Dental Hygiene Federation (I.D.H.F.), of which Canada was a founding member.

A call for papers will be made in the summer issue of the Canadian Dental Hygienists' Association journal; PROBE.

4) Canadian Dental Hygienists' Association Journal

At the June, 1987 Annual CDHA Board Meeting, Fran Cotton was appointed Scientific Editor and the CDHA Journal was re-named the Canadian Dental Hygienists' Association Journal: PROBE.

Additionally, the journal's format has been altered to include new regular sections on profiles of Canadian dental hygienists, book reviews, dental products and President's Message. CDHA is considering increasing their quarterly publication to six issues per year.

5) Quality Assurance

CDHA has established a Committee on Quality Assurance. CDHA is committed to contributing to and encouraging quality of care provided by Canadian dental hygienists.

The Committee on Quality Assurance has the following terms of reference:

1. To promote the understanding and implementation of dental hygiene clinical practice standards, once published.
2. To develop or select a national model(s) for a Continuing Education Program(s) for dental hygienists to promote the understanding and adoption of practice standards as part of a Quality Assurance Program.
3. To develop and prepare continuing education materials.
4. To train facilitators to conduct workshops employing the practice standards.
5. To assist constituent/component organizations to implement Continuing Education activities through identifying facilitators and providing supporting materials.

CDHA has endorsed the document "Clinical Practice Standards for Dental Hygiene", developed by an Advisory Committee of the Federal Government Working Group on the Practice of Dental Hygiene. This report will be published in the spring of 1988.

6) Committees

To reflect current and future dental hygiene practice and trends, the following CDHA Committee names have been changed:

- Community Dental Health to Health Promotion
- Manpower and Utilization to Professional Resources and Utilization
- Legislation to Government Affairs

Newly established CDHA Committees include:

- Long Range Planning Committee of Executive Council
- Professional Development Committee
- Research Fellowship Advisory Committee
- CDHA/ADHA Liaison Committee
- Ad Hoc Advisory Committee on Member Benefits
- Ad Hoc Advisory Committee on Capitation

7) Health Promotion

1. CDHA's response to the Epp Report. (Achieving Health for All: A Framework for Health Promotion) written by Dianne Gallagher, Immediate Past President has been published, in edited form, in the winter issue of the PROBE.
2. "Smile....for Life" CDHA's resource guide for seniors has been a most successful project of CDHA. As of October, 1987 approximately 40,000 folders have been distributed. The greatest number of requests have been for non-caregiver packages, which means that CDHA has been successful at reaching its primary target group - the older adult. Future reprints of "Smile....for Life" will be made available on a cost recovery basis.
3. CDHA is represented on the newly established Health & Welfare, Health Services Promotion Branch Committee serving to develop a proposal: Achieving Oral Health for All by the Year 2000.

8) Regional Development Seminar

CDHA held its 2nd Regional Development Seminar in Winnipeg on December 5-6, 1987. This year's seminar focused on membership. Twenty participants from across Canada joined to discuss membership recruitment and retention, membership goals and future directions. One of the objectives of the Regional Development Seminar is to hold a national meeting in a location which normally would not host a national function.

9) National Certification - Dental Hygiene

A goal of CDHA is to facilitate portability for Canadian dental hygienists.

The CDHA Dental Hygiene Certification Committee had an information meeting with representatives from CDA, licensing authorities and education to discuss a potential "home" for a dental hygiene certification process.

This committee has:

1. Requested CFDE funding for the development of a "Table of Specifications" a blueprint for the contents of a dental hygiene certification exam.
2. Responded to the CDA Council on Education and Accreditation Task Force Report on Accreditation.

Respectfully submitted,

Ellen Brownstone, President
CDHA

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Dental Hygienists' Association for information.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1988 CDA INTERIM BOARD OF GOVERNORS

Board of Trustees: Dr. F. Reid, Chairman
 Dr. T. Ramage, Chairman-Elect
 Mr. R. Cajolet, Vice-Chairman
 Dr. L. Bernier
 Dr. W. Campbell
 Dr. G. Barrett
 Dr. S. Foster
 Dr. G. Thompson
 Dr. S. Golden
 Mr. L. Maddison
 Mr. J. Neilson

Executive Secretary: Ms. J. Forsythe

1. Meetings

Since my last report to the Board, the Management Committee has met once, on November 28, 1987. All members were in attendance and the group also had the pleasure of a visit from Dr. John Eisner to discuss the very successful CFDE/ACFD Summer Teaching and Management Institutes.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Computerization

I am pleased to announce that CFDE has leapt into the electronic age and is now storing all of its data, producing receipts, letters and reports on a personal computer. The system has only been running for a couple of months now, so we are still working out some of the bugs. I am impressed, however, by what it will enable CFDE staff to do once all of the problems have been corrected.

3. 1987 Income

Our records have been closed off now for 1987 and, although the audited statement has not yet been prepared, I am confident that these figures are fairly accurate.

Total income from all sources was \$336,919, up from last year's total of \$231,979. We are very pleased to see this increase, due mainly to increased support from dental industry. A substantial donation of \$35,000 from Colgate-Palmolive Canada Ltd., allocated to the CDA First Teeth Program, certainly helped boost CFDE's industry total. A preliminary breakdown is as follows:

CFDE INCOME

	1987	1986
Dental Profession	\$ 78,935	80,762
Dental Organizations	22,191	26,901
Dental Hygienists	1,330	1,345
Business & Industry	122,556	43,687
Living Memorial	5,472	7,015
Tributes	385	1,855
Other Contributors	2,377	500
Investment Income	59,236	61,610
Sundry Income Breakdown		
Lottery	29,475	
Loan Repayments	6,321	
Mancini Fund	4,041	
Sundry	4,600	
Total Sundry	44,437	8,304
TOTAL RECEIPTS	\$336,919	\$231,979

4. 1987 Disbursements

The CFDE Trustees approved grants totalling \$182,600 for 1987, up from \$174,568 in 1986. The Board was pleased to be able to offer this substantial amount to further dentistry in Canada.

5. 1987 Operating Expenses

Operating expenses for 1987 increased to \$113,393 from \$107,574. This small increase in costs was mainly related to printing new letterhead, envelopes, etc. when the Fund moved to Ottawa. It is hoped that a decrease will be achieved next year as the Fund is now only paying for the services of 1.2 individuals, with Janice Forsythe spending 20% (instead of 50%) of her time supervising CFDE activities and Louise Préfontaine working full-time. There is a possibility, however, that permanent part-time help will be hired in 1988.

6. Management Committee Meeting

As you can imagine, one of the important topics of discussion at this year's Management Committee meeting was the development of the Canadian Dental Foundation. Although the trustees remain disappointed by this development, CFDE is committed to work with the Foundation for the betterment of dentistry throughout Canada.

The structure of the Fund has been changed slightly to allow for a chairman-elect - Dr. Ted Ramage this year - who will serve for one year before becoming Chairman. The Board felt this was a wise move in order to ensure continuity of leadership.

The Management Committee spent a great deal of time at this meeting discussing new ways of fundraising. Since it has proven difficult to get individual dentists to donate to the fund, in future more effort will be concentrated on large corporate donations, such as that of Colgate-Palmolive of Canada Ltd.

I have the pleasure of announcing a new fund which will be administered by the CFDE in future. In the spring of 1987, the Ontario Dental Association held a "Roast" in Toronto in honour of Dr. Nick Mancini. The ODA felt the time was ripe to honour the man who has so diligently and capably served both the ODA and the CDA throughout his years in organized dentistry.

Part of the price of the dinner ticket was allocated to set up "The Nicholas A. Mancini Fund". Dr. Mancini has not yet decided what will be done with the money raised as he would like to see this grow to an endowment fund of at least \$10,000 before finalizing the plans for its use. You are therefore encouraged to make regular donations to The Nicholas A. Mancini Fund. Simply mark on your cheque that your money is to go to this account.

7. Appreciation

CFDE has made a substantial contribution to dentistry in Canada throughout 1987, and will continue to do so in future, with the help of individuals like yourselves who have made a commitment to the Fund and to dental education. On behalf of my fellow Trustees and all those who benefited from the Fund's support, may I express my most sincere appreciation.

Thanks must also be extended to all of the organizations which support the Fund, both financially and in a practical sense by promoting CFDE at meetings, in their publications, etc. A special word of appreciation is extended to dental students and faculty members who have made an extra effort this year to campaign for the Fund.

Again, to all of our supporters, I express my thanks and my hopes that you will continue to donate to the CFDE in the years to come.

Respectfully submitted,

J. Fred Reid, D.D.S.
Chairman, CFDE
Board of Trustees

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Fund for Dental Education for information.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Annual Meeting of the National Dental Examining Board of Canada was held in Ottawa November 9-10, 1987. This was the 35th anniversary of the Board and the Board was reminded of the reason for its existence: the execution of the Act of the Government of Canada for the protection of the people of Canada in the establishment and maintenance of a national standard in dentistry.

In addition to direct housekeeping matters the Board addressed the following agenda items:

1. Current Graduate Certification

In 1971, the Board decided to discontinue examinations for current graduates of approved schools in Canada and to rely upon the evaluation procedures of the dental faculties for purposes of certification.

The Board's certificate thus became closely linked to the process of accreditation as carried out by the Council on Education and Accreditation of the CDA. The Board participates in accreditation with two of its members appointed to the Council and one appointee to each undergraduate dental program survey team. In addition, the Board's financial contribution to accreditation is considerable, i.e., \$44,417. in the past fiscal year.

In view of recent concerns expressed by some provincial licensing authorities and the Board's legal counsel, the Board unanimously approved the following motion:

"Whereas governments and courts have increasingly emphasized the need to separate the interests of dental associations, concerned with the interests of their members, and licensing/certifying agencies, concerned with the public interest and protection, and

Whereas the Canadian Dental Association, concerned with both the self-interest of dentists and quality assurance of educational programs of dentists through the accreditation process, has the jurisdiction over the accreditation process, intended to protect the public, and

Whereas this state of affairs can be considered to be in conflict with the interests of the public, and

Whereas the NDEB utilizes the accreditation process as part of its certification procedures,

That the NDEB requests the CDA to take the necessary steps to insure that the accreditation process concerned with undergraduate and postgraduate/graduate dental programs in Canada becomes a self-governing entity."

2. Examinations

APP. 1

The Board adopted reports from the written and clinical examination committees which annually review all aspects of the Board examinations. The Board also approved a document entitled "Examination Rationale".

The Board agreed with the examination committees that the general format, content and conduct of Board examinations have evolved to a good mechanism for establishing a candidate's competence in his knowledge base, clinical skills and judgement.

3. The Board's Certificate

Effective January 1, 1987, the certificate became a mandatory licensure requirement for all applicants in Ontario. The Board welcomed this regulation as a responsible development: accreditation benefits all students and the costs should be borne by all. Ontario was also the leader in 1971 when it became the first province to require the certificate from out-of-province graduates.

4. NDEB By-Laws

Conflict of interest Guidelines for Board members, examiners and agents

The following motion was carried unanimously:

"Whereas the Board's legal counsel has clearly indicated that, though written guidelines have not existed in the past, the need for avoiding conflict situations should have been recognized implicitly, and

Whereas the legal counsel has made a strong recommendation that such guidelines be implemented,

THAT the Board approve the principle of establishing such guidelines, and that the Executive Committee develop the detailed guidelines in consultation with the provincial licensing authorities and present same for Board approval at the 1988 Annual Meeting.

5. The Board and the Law

Two unsuccessful candidates began proceedings against the Board under the Ontario Human Rights Commission in 1985. The Board argued that it should not be subject to a provincial human rights jurisdiction but rather the federal one. The Board lost and asked for leave to appeal which was granted.

The Board's legal counsel in Toronto has informed us that this case in the Supreme Court of Ontario, Court of Appeal, is expected to be heard in 1988.

6. The Board received reports from the President of ACFD, the President of RCDC and the Representative from CDA Council on Student Affairs.
7. The Board members heard an address by Dr. J.B. MacDonald on the subject of "Self-government and the Public Interest."

8. Officers of the Board

President	- Dr. H.M. Dick
President-Elect	- Dr. R.E. Jordan
Past-President	- Dr. R.B. Gilliland
Executive Committee Members	- Dr. A. MacLean
	- Dr. A.F. LaBounty
Registrar	- Dr. G. Kravis
Admin. Officer/Treasurer	- Mrs. F. Dawes

9. Meeting Dates - 1988

Executive Committee	- 17 April	Toronto
Executive Committee	- 13 November	Ottawa
Annual Meeting	- 14 & 15 November	Ottawa

10. Examination Dates - 1988*** SELECTED UNIVERSITY CENTRES**

Written		16, 17 & 18 May	*
Clinical	- PART A	24, 25 & 26 May	Montreal
	- PART B	27, 30 & 31 May	Montreal
	- PART C	1, 2 & 3 June	Montreal
Comprehensive		16 May to 3 June	Montreal
Clinical	- PART A	2, 3 & 4 August	Vancouver
	- PART B	5, 8 & 9 August	Vancouver
	- PART C	10, 11 & 12 August	Vancouver
Written		17, 18 & 19 October	*
Clinical Part C Supplemental		19, 20 & 21 December	Montreal

11. STATISTICS**APP. 2**

Respectfully submitted,

G. Kravis, D.D.S.
Registrar, N.D.E.B.**ADOPTION OF REPORT**

The Board of Governors receives the report of the National Dental Examining Board of Canada for information.

APPENDIX II

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

NDEB CERTIFICATES

issued to

CURRENT GRADUATES

EXAMINATION RATIONALE

I NDEB Mandate is "to establish qualifying conditions for a single national standard certificate of qualification for general practitioner dentists" (Act of Parliament, Section 6.a).

II Purpose of NDEB Examinations

The purpose of NDEB examinations is to establish whether a candidate possesses the necessary cognitive and clinical skills to practise dentistry with competence in Canada.

III Assessment of Candidates

In order to make an assessment of candidates, the examinations are designed to measure:

1. Knowledge base
2. Clinical judgement
3. Manual dexterity
4. Professionalism

NDEB examinations consist of two sections, written and clinical, and the clinical examination is divided into three parts: A, B and C. All of these examinations must be completed in sequence. Examinations are under constant review so that they reflect changes in dental education and practice.

Section 1: Written Examination

The written examinations are developed to test a candidate's knowledge base in the clinical dental sciences important for the practice of general dentistry. Examination content is selected to sample knowledge of these important areas.

- 2 -

Section 2: Clinical ExaminationPart A

The primary objective of Part A of the clinical examination is to determine whether or not a candidate has sufficient knowledge to justify admission to Parts B and C of the clinical examination. Part A, therefore, determines whether satisfactory competence has been exhibited by the candidate. The clinical Part A does not necessarily indicate that there will be similar competence shown in other clinical assignments. Lack of clinical experience is a frequent reason for such performance variance when it does occur.

In this section the candidate is also examined in the application of clinical skills using the time honoured test of pre-clinical methodology with simulated tissues (teeth, gingiva, etc.) to determine the candidate's use of rotary and hand instruments and demonstrate the ability to work in a suitable manner within the simulated clinical setting.

Part B

Part B examination evaluates a candidate's knowledge base, the understanding of the practical application of such knowledge and the psychomotor skills related to the management of a specific discipline - prosthetics. In addition, the examination establishes a candidate's clinical judgement and professional capabilities.

In the non-clinical section of Part B the candidate is tested on interpretation of findings, identification of problems, as well as diagnosis and prognosis of a specific case. In addition, the candidate is expected to establish appropriate procedures for prevention, evaluate progress and be capable of assessment and management of patient complications. The segments testing such aspects of the examination are in the specific components of Oral Pathology/Oral Medicine, Periodontics, Radiology, Patient Management, Case Presentation and Treatment Planning.

Part C

The objective of Part C of the clinical examination is to determine a candidate's competence in carrying out a variety of non-reversible restorative procedures. Of particular importance is evidence of mature judgement and whether the clinical skills exhibited are at an acceptable level.

FACULTY	1971		1972		1973		1974	
	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.
ALBERTA	47	47	51	51	38	38	50	50
B.C.	19	18	28	28	34	34	36	36
DALHOUSIE	22	22	23	23	24	24	30	29
LAVAL	-	-	-	-	-	-	-	-
MANITOBA	28	28	24	24	26	25	30	30
MCGILL	38	38	35	35	38	38	37	37
MONTREAL	74	67	67	66	78	73	79	72
SASKATCHEWAN	-	-	10	10	-	-	9	9
TORONTO	131	97	124	100	125	119	127	112
WEST. ONT.	10	10	30	30	34	34	52	52
TOTAL	369	327	392	367	397	385	450	427

FACULTY	1975		1976		1977		1978	
	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.
ALBERTA	45	45	42	42	39	39	51	50
B.C.	38	38	35	35	36	36	38	38
DALHOUSIE	22	22	29	29	29	29	26	26
LAVAL	10	10	16	14	7	7	14	14
MANITOBA	28	28	26	26	26	26	25	25
MCGILL	42	42	40	40	40	40	42	40
MONTREAL	77	51	78	76	77	67	79	78
SASKATCHEWAN	10	10	15	15	11	11	10	9
TORONTO	118	114	123	115	130	119	126	122
WEST. ONT.	43	43	50	50	53	53	56	55
TOTAL	433	403	454	442	448	427	467	457

FACULTY	1979		1980		1981		1982	
	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.
ALBERTA	46	46	45	45	43	43	49	49
B.C.	41	41	36	36	39	39	37	37
DALHOUSIE	24	24	25	25	26	26	27	27
LAVAL	23	22	24	24	23	23	19	19
MANITOBA	28	28	32	32	27	27	27	27
MCGILL	43	43	37	37	42	42	37	37
MONTREAL	81	79	80	77	84	80	82	80
SASKATCHEWAN	13	13	20	20	19	19	19	19
TORONTO	125	116	132	124	120	113	127	120
WEST. ONT.	48	48	58	58	54	54	50	50
TOTAL	472	460	489	478	477	466	474	465

FACULTY	1983		1984		1985		1986	
	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.
ALBERTA	48	48	47	47	43	43	47	47
B.C.	42	41	38	38	39	39	33	33
DALHOUSIE	26	26	23	23	33	32	34	34
LAVAL	21	19	23	23	31	30	37	34
MANITOBA	36	36	23	23	22	22	24	24
MCGILL	37	35	36	35	40	39	38	38
MONTREAL	78	74	74	72	76	73	78	68
SASKATCHEWAN	22	22	23	23	21	21	22	22
TORONTO	123	121	117	107	118	108	113	102
WEST. ONT.	53	53	54	54	55	55	54	54
TOTAL	486	475	458	445	478	462	480	456

FACULTY	1987		1988		1989		1990	
	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.
ALBERTA	44	44						
B.C.	40	40						
DALHOUSIE	33	33						
LAVAL	32	28						
MANITOBA	27	27						
MCGILL	38	37						
MONTREAL	75	59						
SASKATCHEWAN	20	20						
TORONTO	88	88						
WEST. ONT.	52	52						
TOTAL	449	428						

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINATION DATA - UNAPPROVED SCHOOLS

EXAMINATION SESSION	WRITTEN		PRECLINICAL		CLINICAL	
	# of Candidates	% Succ.	# of Candidates	% Succ.	# of Candidates	% Succ.
May 1971	41	54	22	91	20	20
May 1972	44	59	26	69	27	33
May 1973 Oct 1973	42 7	48 29	23	78	25	32
May 1974 Oct 1974	35 11	69 30	27	85	37	43
May 1975 Nov 1975	51 28	63 57	35	74	28	39
May 1976 Nov 1976	61 30	62 63	46	54	48	33
May 1977 Aug 1977 Oct 1977 Dec 1977	59 34	63 44	64	55	36 29 4	53 48 75
May 1978 Aug 1978 Oct 1978	52 28	65 64	63	54	27 21	48 33
May 1979 Aug 1979 Oct 1979	38 27	68 59	71	38	32 17	31 37
May 1980 Aug 1980 Oct 1980	53 41	64 51	49 31	45 52	39 20	31 25
May 1981 Aug 1981 Oct 1981 Dec 1981	55 40	69 40	56 29	48 41	42 22 7	33 36 0

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

- 2 -

EXAMINATION DATA - UNAPPROVED SCHOOLS

EXAMINATION SESSION	WRITTEN		PRECLINICAL		CLINICAL	
	# of Candidates	% Succ.	# of Candidates	% Succ.	# of Candidates	% Succ.
May 1982	68	62	53	42	32	28
Aug 1982			30	34	25	24
Oct 1982	52	46			4	75
Dec 1982						
May 1983	85	54	71	30	40	33
Aug 1983			51	59	29	28
Oct 1983	54	41			8	100
Dec 1983						
May 1984	71	55	56	54	37	14
Aug 1984			38	47	48	17
Oct 1984	49	41			8	38
Dec 1984						
May 1985	76	37	47	38	54	7
Aug 1985			41	41	44	27
Oct 1985	50	30			32	50
Dec 1985						

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

- 3 -

EXAMINATION DATA - UNAPPROVED SCHOOLS

EXAMINATION Session	WRITTEN		CLINICAL PART A		CLINICAL PART B		CLINICAL PART C	
	No. of Candidates	% Succ.	No. of Candidates	% Succ.	No. of Candidates	% Succ.	No. of Candidates	% Succ.
May 1986	87	45	54	35	61	43	21	29
Aug. 1986	-	-	39	59	63	37	30	47
Oct. 1986	60	38	-	-	-	-	-	-
Dec. 1986	-	-	-	-	-	-	27	52
May 1987	80	50	53	36	57	32	21	48
Aug. 1987	-	-	49	49	52	46	34	41
Oct. 1987	63	40	-	-	-	-	-	-
Dec. 1987	-	-	-	-	-	-	31	32

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINATION DATA - APPROVED SCHOOLS

EXAMINATION SESSION	WRITTEN		CLINICAL	
	# of Candidates	% Succ.	# of Candidates	% Succ.
May 1971	32	63	-	-
Oct 1971	2	100	-	-
May 1972	47	87	-	-
Sept 1972	4	75	-	-
May 1973	30	80	-	-
Oct 1973	12	92	-	-
May 1974	38	95	-	-
Oct 1974	15	87	-	-
May 1975	31	90	-	-
Nov 1975	20	95	-	-
May 1976	36	92	-	-
Nov 1976	26	92	-	-
May 1977	56	91	-	-
Oct 1977	36	86	-	-
May 1978	26	92	-	-
Oct 1978	48	92	-	-
May 1979	9	100	3	33
Aug 1979			2	50
Oct 1979	13	92		
May 1980	23	100	11	27
Aug 1980			4	50
Oct 1980	14	100		
May 1981	12	100	8	25
Aug 1981			8	25
Oct 1981	4	100		

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

- 2 -

EXAMINATION DATA - APPROVED SCHOOLS

EXAMINATION SESSION	WRITTEN		CLINICAL	
	# of Candidates	% Succ.	# of Candidates	% Succ.
May 1982	17	94	6	33
Aug 1982			16	31
Oct 1982	4	100	2	0
Dec 1982				
May 1983	7	100	6	0
Aug 1983	9	100	7	57
Oct 1983			-	-
May 1984	3	100	9	44
Aug 1984	7	100	4	25
Oct 1984			2	100
Dec 1984				
May 1985	9	78	7	0
Aug 1985	20	85	6	50
Oct 1985			1	0
Dec 1985				

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

- 3 -

EXAMINATION DATA - APPROVED SCHOOLS

EXAMINATION Session	WRITTEN		CLINICAL PART B		CLINICAL PART C	
	No. of Candidates	% Succ.	No. of Candidates	% Succ.	No. of Candidates	% Succ.
May 1986	7	100	15	27	3	100
Aug. 1986	-	-	9	56	6	67
Oct. 1986	8	88	-	-	-	-
Dec. 1986	-	-	-	-	2	0
May 1987	10	60	14	29	5	60
Aug. 1987	-	-	10	40	5	40
Oct. 1987	21	90	-	-	-	-
Dec. 1987	-	-	-	-	5	20

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Annual Meetings

The 1987 Annual Meeting of the Council of the RCDC was held in Toronto on September 19th. The terms of office of 5 members of Council came to an end at that meeting, and Dr. C.G. Baker, Oral Radiology and Dr. C. Baril, Orthodontics were both re-elected for a second three-year term. Nominations from the Periodontics section were sought and Dr. Ed Chesko, Vancouver, was elected by acclamation as that group's representative on Council. The two remaining vacancies on Council were not filled in accordance with the recent policy of Council to have each specialty represented by one Councillor only.

New officers elected at the Council meeting were myself as President, Dr. Charles G. Baker as Vice President and Dr. R. John McComb as the representative of Council on the Executive Committee. The 1987/88 officers and Council members are as follows:

President	R.L. Moran, Toronto
Past President	M.J. Crompton, Moncton
Vice President	C.G. Baker, Edmonton
Registrar, Secretary-Treasurer	J.E. Speck, Toronto
Examiner-in-Chief	K.C. Titley, Toronto
Dental Public Health	R.L. Ellis, Edmonton
Dental Sciences	W.J. Fleming, Toronto
Endodontics	P.R. Dow, Vancouver
Oral and Maxillofacial Surgery	S. Weinberg, Toronto
Oral Pathology	R.J. McComb, Toronto
Oral Radiology	Vacant - election being held
Orthodontics	C. Baril, Montreal
Pediatric Dentistry	M.D. Charendoff, Toronto
Periodontics	E.E. Chesko, Vancouver
Prosthodontics	A.H. Fenton, Toronto

At the Convocation also held on September 19th, Dr. W. Jack Tulley, Orthodontist, of Surrey, England, was made an Honorary Fellow. 10 new Fellows and 29 new Members were admitted to the College, bringing total numbers to 370 Fellows and 308 Members.

The 1988 Annual Meeting will be held in Edmonton on August 20th, and the College will be holding its Symposium on "Cranio-Mandibular Function and Dysfunction" on August 22nd as part of the CDA's scientific program.

Examinations

Fellowship and Membership examinations were offered in June and December, 1987, with the following results:

	<u>Fellowship</u>		<u>Membership</u>	
	<u>Pass</u>	<u>Fail</u>	<u>Pass</u>	<u>Fail</u>
Dental Public Health	1	-	2	1
Endodontics	-	-	4	-
Oral and Maxillofacial Surgery	4	3	5	2
Oral Pathology	1	-	2	-
Orthodontics	-	-	12	-
Pediatric Dentistry	-	-	3	-
Periodontics	-	-	4	-
Prosthodontics	-	1	3	-
	—	—	—	—
	6	4	35	3
	—	—	—	—

The written component of the Membership Examinations was held in Oregon, Vancouver, Edmonton, Saskatoon, Winnipeg, London, Detroit, Toronto, Montreal, Quebec City and Halifax, and the orals in Toronto and Vancouver.

The fee for both examinations was \$500 in 1987, \$250 for re-sits. The College sustained a significant financial loss on the examinations in 1986 and 1987, even though examiners do not receive an honorarium, and since the objective is to at least break even on the examinations, the decision was made to increase the fee in 1988 to \$600 and \$300.

In response to a unanimous position taken by the Canadian Academy of Oral Pathology, Council adopted a motion that, effective in 1988, there be only one examination in Oral Pathology, the Fellowship Examination, and that while candidates would be given a choice of two examination dates in a calendar year, the examination would be held not more than once a year.

Dr. David Kennedy of Vancouver was recommended for and accepted the position of Chief Examiner in Pediatric Dentistry, for a three-year term effective January 1, 1988, succeeding Dr. Georges Perreault who decided not to take a second three-year term. Other Chief Examiners are:

Dental Public Health	H. Jack Hann
Dental Sciences	W.J. Fleming
Endodontics	Elie M. Wolfson
Oral and Maxillofacial Surgery	Ian D.F. Schofield
Oral Pathology	Robert W. Priddy
Oral Radiology	Charles G. Baker
Orthodontics	Robert W. Mullen
Periodontics	Allen S. Wainberg
Prosthodontics	George Zarb

Dr. Keith Titley has accepted a second three-year term as Examiner-in-Chief.

Respectfully submitted,

Roderick L. Moran,
President, RCDC

ADOPTION OF REPORT

The Board of Governors receives the report of the Royal College of Dentists of Canada for information.

CANADIAN ACADEMY OF ORAL PATHOLOGY

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The twenty-first annual meeting of the Canadian Academy of Oral Pathology was held in Scottsdale, Arizona, May 20th, 1987. Dr. D. Mock (University of Toronto), President of the Academy, chaired the meeting.

The Executive and Committees of the Academy for 1987/88 are as follows:

President:	Dr. R.W. Priddy	
Vice-President:	Dr. P. Duquette	
Secretary-Treasurer:	Dr. J.G.L. Lovas	
Immediate Past-President:	Dr. D. Mock	
Nominating Committee:	Dr. T.D. Daley	(1 year)
	Dr. A. ElGeneidy	(2 years)
	Dr. W.T. McGaw	(3 years)
Membership Committee:	Dr. S.I. Ahing	(1 year)
	Dr. B.B. Harsanyi	(2 years)
	Dr. J. Hardie	(3 years)
Professional and Public	Dr. L. Lee	(1 year)
Relations Committee:	Dr. J. Epstein	(2 years)
	Dr. J.B. Perry	(3 years)

The Canadian Academy of Oral Pathology hosted the American Academy of Oral Pathology meeting in Toronto in May 1986. The response to this international meeting has been overwhelmingly favorable.

The Professional and Public Relations Committee of the CAOP under Dr. Linda Lee is in the process of collating all of the available oral pathology specialty fee guide information in the various provinces of Canada for distribution to the CAOP membership.

CAOP members await with interest the report of the Continuing Education Committee of the CDA Council on Education and Accreditation regarding their investigation of the concept of an umbrella specialty of diagnostic sciences.

Respectfully submitted,

John G.L. Lovas, BSc, DDS, MSc, MRCD(C)
Secretary-Treasurer
Canadian Academy of Oral Pathology

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Academy of Oral Pathology for information.

CANADIAN ACADEMY OF ORAL RADIOLOGY

REPORT TO THE 1988 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Since the last report, two meetings of the Academy have been held.

On August 22 to 24, 1986, a joint meeting of the Canadian Academy of Oral Radiology and the Eastcoast Dental Radiology Workshop was held at Halifax, N.S. Dr. Dale Miles organized the meeting. A Reception was sponsored by Kodak and Dinner by Siemens. Dr. Ken Abramovitch, his wife Jackie, and her parents showed great hospitality on the afternoon of the last day.

Dr. Doug Stoneman was Guest Speaker. He provided both entertainment and education on jaw swellings of vascular origin and on the buccal bifurcation cyst.

Other papers presented were as follows:

"Birth Injuries to the Mandibular Condyle as a Complication of Forceps Delivery"	Drs. M.J. Pharoah and D.W. Stoneman
"Intra-osseous Squamous Carcinoma in the Mandible"	Drs. S. Tottrup and M.J. Pharoah
"Hemimaxillofacial Dysplasia: A Newly Recognized Disorder Reported in Two Patients"	Drs. D.A. Miles, G.L. Lovas, and M.M. Cohen Jr.
"Correlation of Histopathologic and Radiographic Findings for Degenerative Changes in the Temporomandibular Joint"	Dr. K. Abramovitch
"An Analysis and Comparison of Radiographic Technical Errors"	Dr. D.A. Chernin
"The Status of Radiographic Interpretation in Dental Schools"	Dr. M.L. Van Dis
"The Problem of Scattered X-rays in Bone Mineral Measurement by Dental Radiographic Vidiodensitometry"	Dr. G.V. Packota
"Scattered Radiation Grids in Cephalometric Radiography"	Dr. C. Price
"The Characterization of Cat Bone-Marrow Derived Osteoclast-Like Cells"	Drs. M.J. Pharoah and J. Kanehisa

The Sixteenth Meeting of the Academy was held at Toronto on June 12-14, 1987. Dr. Mike Pharoah organized this meeting. The first morning was in the form of a continuing education venture. Two medical radiologists, Dr. Ted Kassel and Dr. Angelo Delbalso, covered the radiology of the pharynx, paranasal sinuses and salivary glands from both conventional radiography and computed tomography. The following clinical presentations were given:

"A Case of Juvenile Aggressive Fibromatosis"	Drs. S. Tottrup and M.J. Pharoah
"Radiolucent Lesion of the Mandible"	Dr. D.A. Miles
"A Case of Eosinophilic Granuloma"	Drs. M. Dagenais, D.W. Stoneman, and M.J. Pharoah
"Osteochondroma of the Mandibular Condyle"	Dr. G.V. Packota
"A Radiolucent Lesion in the Mandible"	Dr. D.W. Stoneman
"Juvenile Ossifying Fibroma"	Drs. L. Lee and M.J. Pharoah

The following research papers were given:

"Scatter X-rays in Dental Radiographic Videodensitometry"	Drs. M. Couture, K. Taylor, and M.J. Pharoah
"A Method of Quantifying Disc Movement on Magnetic Resonance Images of the Temporomandibular Joint"	Dr. C. Price
"Information Yield Comparing T-mat G and Ortho L Film to Conventional X-Ray Film"	Dr. D.A. Miles
"A Preoperative Radiologic Evaluation for Intraosseous Implants"	Drs. G. Petrikowski and M.J. Pharoah
"The Use of Radiographic Criteria to Distinguish Between Cavitated and Non-cavitated Proximal Enamel Caries"	Dr. S. Kogan

Sponsorship was again generously provided by Siemens and Kodak.

During the period covered by this report, the Academy has provided input to Health and Welfare, Canada, on the Radiation Emitting Devices Act and on the document on Oral Radiological Services. Submissions have been made to CDA on

the Guidelines for the Control of Radiation in the Dental Office and on Guidelines for Graduate/Postgraduate Specialty Programs. The funding, or rather lack of funding, of oral radiological services by provincial health care plans was discussed. A profile of the specialty has been prepared for CDA and published in the Journal.

The Academy is now represented on the Canadian General Standards Board. The current Canadian Standards on screen and non-screen radiographic film are now in the final stages of revision. Previously, many of the Standards referred to in those documents were obsolete.

The new slate of Officers, elected at the 1987 meeting and to serve for the next three years is as follows:

President	Dr. C. Price
Past-President	Dr. C.G. Baker
President-Elect	Dr. D. Forest
Secretary-Treasurer	Dr. M.J. Pharoah
Education Committee Chairman	Dr. C.G. Baker
Membership Committee Chairman	Dr. G.V. Packota
Constitution and Bylaws Committee Chairman	Dr. A Ruprecht
Historical Documentation Committee Chairman	Dr. H.G. Poyton
Public and Professional Relations Committee Chairman	Dr. D.A. Miles

The most significant loss in oral radiology occurred with the death of Dr. H.M. Worth on July 18, 1987. Obituaries have been published in a number of journals.

The next meeting of the Academy is to be held at Edmonton, to precede the CDA Congress, under the local arrangements chairmanship of Dr. C.G. Baker.

Respectfully submitted,

Colin Price, President
Canadian Academy of Oral Radiology

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Academy of Oral Radiology for information.

ANNUAL
MEETING
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION

EDMONTON, ALBERTA

August 19-20

1988

CDA STAFF

K. Allen-McGill, Information Officer
P.R. Crawford, Editor
S. Deziel, Manager - Executive Services
L. Emmerson, Coordinator of Accreditation
B. Henderson, Director of Education
and Accreditation

J. Forsythe, Ass. Director/Prof. Councils
J. Neal, Director of Administration
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B. Barrett	Dental Association of Prince Edward Island
G. Beagrie	University of British Columbia
K. Bentley	Continuing Education Committee
J.G. Blackmer	Public Health Services, New Brunswick
M. Boucher	Ordre des dentistes du Québec
S.M. Brayton	Nova Scotia Dental Association
B.L. Bowden	Newfoundland Medical Care Commission
K. Butler	Canadian Dental Services Plans Inc.
M.D. Charendoff	Canadian Dental Services Plans Inc.
M.N. Deyette	Canadian Forces Dental Services
H. Dick	National Dental Examining Board of Canada
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G. Kravis	National Dental Examining Board of Canada
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W.G. Mabey	Alberta Dental Association
G. MacDonald	Newfoundland Dental Association
S. MacLean	Student Governor Elect
E. MacSween	Government Relations Committee - CDA
B. Martinello	Alberta Dental Association
R. Moran	Royal College of Dental Surgeons of Ontario
G. Nikiforuk	Royal College of Dental Surgeons of Ontario
D. Pamenter	Nova Scotia Dental Association
K.F. Pownall	Royal College of Dental Surgeons of Ontario
T. Ramage	Canadian Fund for Dental Education
B. Rocky	College of Dental Surgeons of B.C.
E.G. Schroeter	New Brunswick Dental Society
G. Thompson	University of Alberta
J.G. Thompson	New Brunswick Dental Society
R. Thordarson	College of Dental Surgeons of B.C.
D.E. Williams	New Brunswick Dental Society
E. Williams	Canadian Dental Hygienists' Association
E.J. Williams	Newfoundland Dental Association

CANADIAN DENTAL ASSOCIATION

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M. Eggert (Consumer Products Recognition)
M. Jahjah (Convention)
H. Link (Edmonton Convention - 1988)
R. Barolet (Dental Materials & Devices)
J.N. Wright (Dental Specialties)
A. Schwartz (Education and Accreditation)
J. Gryfe (Government Relations)
A. Toeman (Health Care)
J. Hardie (Infection Control)

P. O'Brien (Information Services)
J.E. Durran (Insurance & Inv.)
G. Dubé (Membership)
J. Robertson (Nominations)
J. Hardie (Publications)
K. Roach (Roles & Resp.)
M. Schildkraut (Student Affairs)
R.N. Hicks (Taxation)
D. MacFarlane (Third Party)

PRESIDENT'S REMARKS
CDA Annual Board of Governors - Edmonton
August 19-20, 1988

Mr. Chairman, it is impossible to convey the satisfaction, the excitement, the sense of awe, and the gratitude that one feels having had the opportunity to serve this organization as President during the past year. The year began from my perspective, with the desire to work towards three principal objectives.

The first was to enhance the national status of dentistry in Canada, and stake a more aggressive claim to membership on the national health team. We have been strong lobbyists on behalf of anti-smoking legislation in Canada. We have worked in concert with Health and Welfare Canada to promote the organ donor program to the dental profession. We continue to work towards a quality government relations program, and our new committee will see that our strategy stays on track in the years to come. Our Taxation Committee is well respected at all the appropriate levels and departments of government, with negotiations underway at present that are of enormous importance to every dental office in Canada.

If I had to single out an issue this year which best exemplifies our commitment and willingness to take decisive action on issues of national importance, I would choose the initiatives undertaken regarding infection control. We were accused of moving too quickly by some quarters, and we did make some mistakes. The outcome, however, was a policy and set of guidelines that we can point to with pride. This policy puts CDA in the forefront as a national health organization that has taken a meaningful stand on the scientific, legal and ethical issues associated with this very complex problem. In so doing, we have put our professional integrity on the line, and the profession has been the winner.

My second and third objectives Mr. Chairman, were to work to make our political process, with all of its imperfections, seem like a more honourable pursuit to at least some of our members, and to have our team this year make a small contribution to the preservation of the professionalism we all value so deeply. Hopefully, some of our endeavours have struck a responsive cord in the membership as we have progressed through the year.

A fourth objective, Mr. Chairman, which was very real and touched on during my comments at the Installation Dinner (1987), were to restore trust and rapport between the Canadian Dental Association and our colleagues in Québec. This objective was understated, and it was difficult to predict how successful we might be at reaching consensus with both the ODQ and QDSA on some very complex issues. It is a pleasure to be able to report that our discussions over the past year have resolved a number of difficulties. Hopefully the Board will concur that these efforts and their results have been worthwhile. To use an

overworked political cliché, Mr. Chairman, this has the potential to be a "water-shed year" for our organization. With patience, understanding, and goodwill we can be more optimistic that our organization moves into the next year stronger than ever. "National" is a very big word, but it only has real meaning when we can truly say that the profession, right across this country, can work together when it counts, on behalf of our colleagues and citizens in every Canadian province. Unity is our greatest weapon over the long term. Our Executive this year should be very proud of the role it has played in this process. My particular thanks go to the Presidents of the ODQ and QDSA, Drs. Boucher and Chicoine, and all the parties who have contributed to the discussions and solutions of the issues that have been resolved. It is a good beginning.

Si vous me le permettez, Monsieur le président, j'aimerais maintenant reprendre brièvement certains de mes propos à l'intention de nos collègues francophones. Quoique humblement exprimé, un des principaux objectifs que je m'étais fixés pour l'année qui se termine portait sur le renforcement du caractère "national" de notre organisation, car l'Association dentaire canadienne ne saurait accomplir pleinement sa mission que si elle veille aux intérêts de la profession et au bien commun dans toutes les provinces du pays. Pour utiliser un vieux cliché, du moins en anglais, je dirais que nous venons de passer "a water-shed year", c'est-à-dire que le travail que nous avons accompli au cours de l'année a marqué un "grand tournant" qui nous a permis de franchir la ligne de partage des eaux. On a manifesté beaucoup d'efforts et de bonne volonté pour résoudre des problèmes qui traînaient depuis longtemps entre l'ODQ, l'ACDQ et l'ADC. Nous avons fait de grands progrès et chacune des parties devrait en être fière. Nous devons en remercier tout particulièrement les présidents de l'ODQ et de l'ACDQ, les docteurs Boucher et Chicoine, qui n'ont pas ménagé leurs efforts au cours des derniers mois. Ce mouvement doit se poursuivre si nous voulons nous renforcer et grandir encore davantage. Et puis, sachant l'intérêt tout particulier qu'il porte aux efforts que je fais sur le plan du bilinguisme, j'ose croire ne pas avoir trop fait sourciller mon ami le docteur Dubé.

This year our Executive placed a priority on a new financial planning process, that is aimed at making CDA more revenue-conscious. This has already had an impact, but the coming year will be a better test of how well we can adapt our philosophy and planning to this new way of approaching financial management. The Board Book contains several examples of our preliminary efforts, and one can see a new way of thinking slowly emerging from our Councils and Committees, and all staff levels within CDA.

Mr. Chairman, there are a few other areas that deserve special mention in any evaluation of our track record. Our activities in membership services are becoming more aggressive, and hold out promise of a new attitude and approach in the future. Our developing convention policies have had trial runs. The recent B.C. College meeting was successfully organized and run, utilizing the principle of free registration; Edmonton is operating on this same principle for ADA members attending CDA Edmonton, 1988. Vancouver 1989 and Ottawa 1990 will be exciting and successful; Dr. Michel Jahjah is the right man to spear-head our efforts in 1989, 1990 and beyond. Once again, the future is bright. Our communications area has been fully revamped. We have a new Journal editor, a new-look Journal and a Publications Committee working hard to coordinate and advise on future directions. Thorough orientation on topical issues, and media training for spokespersons will be an ongoing part of our communications strategy for the future, as we attempt to always place national dentistry in the best possible light by being seen to manage issues rather than reacting to them in the media.

CDSPI has also had a busy year. The decision to go to tender with our benefits package will be explained by Dr. Durran during our Board meeting. In addition to the usual volume of routine business, CDSPI Management is to be commended for its role in resolving the life surplus issue. A lot of time-consuming preparatory work culminated in the meeting of June 9, 1988 referred to in the Executive Council Report. The CDSPI Board has also taken a responsible decision to review the CDSPI Management and Board structure, to ensure future stability and continuity.

This meeting will see our Board grapple with position papers on denture mechanics, hygienists, general anaesthesia, and a very comprehensive and far-sighted document of the Education and Accreditation Task Force. Hopefully, through all of these, we will debate in a spirit of good will, and with the wisdom and courage to recognize and understand the different points of view that exist across so large and diverse a country. National consensus is not easy, and not always possible. Hopefully, we have come far enough to debate our differences and still recognize, where necessary, that our organization cannot maintain its credibility if it is forced to answer questions on difficult issues with "no comment" responses.

In closing I would like to thank my fellow management team members and our Executive Council for their help and support this past year. It has been a privilege to work with you. To all the people in all the provinces who have been so kind and hospitable to Diane and me this past year, please accept our heartfelt thanks. To everyone in any organization I have worked with, I can honestly say I have found nothing but goodwill, cooperation and a willingness to

- 4 -

find solutions. The staff at CDA, particularly our Directors, Miss Teteruck, Mr. Neal and Mr. Henderson with special kudos to Ms. Forsythe have done everything expected and more. Thank you all. No CDA President could do the job without Sandra Deziel. I shall miss our almost daily chat. Your Surrey accent is beginning to sound almost normal to me; you will always be a very special person. Mr. Jardine Neilson has not just been an outstanding Executive Director, he has been a trusted and loyal advisor who has tried to smooth the rough edges off me all year. Sometimes it may have worked. He has also become one of the best friends I could hope to have. What a privilege, Sir, it has been to work with you.

You have all accorded me the highest honour possible by allowing me the opportunity to serve as President of the Canadian Dental Association. I'd be lying if I said I wasn't going to miss it all. But miss it I must, according to Dr. Jack Niedermayer. Thank you all very, very much for the experience of a lifetime.

Ron J. Markey, D.D.S., M.S.D.
President

EXECUTIVE COUNCIL

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

- Members:** Dr. Ron J. Markey, Chairman - Vancouver
Dr. Jack Niedermayer, Regina
Dr. John Robertson, Summerside
Dr. Les Allen, Winnipeg
Dr. Gilles Dubé, Lachute
Dr. Don MacFarlane, Vancouver
Dr. Kevin L. Roach, Pembroke
Dr. Bryun Sigfstead, Edmonton
Dr. Ray Wenn, Charlottetown
- Staff:** Mr. Jardine Neilson, Executive Director
Mrs. Sandra Deziel, Manager - Executive Services
Mrs. Suzanne Burton, Council Secretary

1. Council Meetings

Since the March 1988 Interim Meeting of the Board of Governors, the Executive Council has met once, June 9-11, 1988, with a budget planning session held June 9th.

ITEMS REQUIRING BOARD ACTION

2. Appointment of CDA Auditors

RESOLVED:

- 88.41 THAT the firm of McCay, Duff and Company be appointed CDA auditors for the fiscal year 1988.

ADOPTED

3. CDSPI - Council on Insurance and Investment

To comply with Article XVI, Section 4(h) of the CDA Constitution and By-Laws.

RESOLVED:

- 88.42 THAT the Board of Directors of CDSPI be appointed the CDA Council on Insurance and Investment for the calendar year 1989.

ADOPTED

4. FDI - National Treasurer

The National Treasurer to the FDI is an annual appointment by the Board of Governors.

RESOLVED:

88.43 **THAT Dr. Robert N. Hicks be appointed FDI National Treasurer for 1989.**

ADOPTED

5. Management of the Life Plan Surplus

The Presidents of the CDA and QDSA, Drs. Markey and Chicoine have held discussions on management of the Life Plan Surplus. Following a meeting held on March 28, the QDSA initiated correspondence with Mr. Jean-Marie Bouchard, the Québec Inspector General for Financial Institutions. Copies of this correspondence and a follow up letter sent by CDA are appended. On June 9 a meeting was held among Drs. Markey and Chicoine, Mr. Neilson, QDSA actuary Mr. Clermont Girard, Drs. Durran and Moran of CDSPI and CDSPI actuary Ms. Janet Zwarick to discuss potential solutions. The following motion acceptable to all parties is presented for the Board's consideration.

APPENDIX I

RESOLVED:

88.44 **THAT a minimum of \$900,000. be committed to the rate stabilization reserve for the life plan; and,**

THAT 2 million dollars of the Life Plan Surplus be distributed over a three year period, in the form of premium credits to all participants in the life plan, commencing in 1989.

UNANIMOUSLY ADOPTED

Discussion of the Participation Agreement will take place with the goal of achieving conformity of all parties to the Agreement.

6. National Strategy Dental Hygiene

A draft CDA statement on Supervision Requirements for Dental Hygienists was circulated to corporate bodies for comment. Input received has been considered in the preparation of a final statement.

APPENDIX II

RESOLVED:

88.45 **THAT the amended CDA statement on Supervision Requirements for Dental Hygienists be approved.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**7. Professional Resource Utilization - Data Collection**

As previously reported to the Board, the Deans' Committee had expressed some concern with epidemiological data utilized by the CDA Professional Resource Utilization Committee in formulating recommendations for dental school enrolment reductions.

Dr. Gordon Thompson, Dean of the Dental School, University of Alberta, is in the process of developing an epidemiological study which would satisfy the concerns of the Deans' committee, as well as provide essential information pertinent to future planning. A proposal has been submitted to government for funding which would survey a broad population base in Alberta. It is anticipated that this program could then be expanded and developed on a national basis.

A project proposal for a Profile Survey of the Canadian Dental Practice submitted by Dr. Kenneth Zakariasen, Dean and Mr. Douglas Schaller, Director, Dental Management Information Systems, Dalhousie University was reviewed by Executive Council. The proposal focused on the collection of data regarding current and future trends in the demand for dental services in dental practices across Canada, and was developed in consultation with Dr. Larry Meskin, a leader in practice profile research in the U.S.

Executive Council has requested clarification on a number of points, including endorsement of the methodology utilized in the survey by key individuals in the Canadian academic community, and how the survey would be incorporated into a strategic plan for collection and monitoring of all elements of demand data on an ongoing basis.

8. Tendering Process - National/Provincial Benefit Plans

The Report of the Council on Insurance and Investment details circumstances which necessitate an immediate retendering of the insurance plans, which make up the benefits portion of CDIP.

Executive Council reviewed specifications prepared by TPF&C for CDIP. The specifications did not contain any changes in the present program; a "wish list" had been developed containing all possible changes desired. Responses from competing carriers will be reviewed at a joint meeting of CDA Executive Council and the CDSPI Board on August 21 in Edmonton.

9. CDSPI Ad Hoc Committee - Long Term Planning

CDA has provided comment to the Ad Hoc Committee established by CDSPI to study its Management structure. The Executive Council is pleased with the direction being taken on this item, and endorses the utilization of an independent consultant as outlined in the Report of the Council on Insurance and Investment.

10. Professional Liability Insurance - RCDS

At a meeting held with representatives of CDA, the RCDS and CDSPI, an agreement was reached to investigate the feasibility of a national approach to the field of professional liability insurance. Terms of reference for a joint committee to further this decision are to be developed. The Committee will comprise representatives of CDA through the Council on Insurance and Investment, and the RCDS, through its Professional Liability Insurance Committee. The Board will be kept informed of further developments in this area.

11. Media Training - Media Handbook

A media training session was conducted by Barry McLoughlin Associates, Inc. on June 8, 1988 for the following officials: Mr. Jardine Neilson, and Drs. Markey, Niedermayer, Roach, Dubé, and Gryfe. The training was considered to be most beneficial, and plans are to continue training of Executive Council members on an annual basis.

The development of a CDA Media Handbook continues; topics completed to date include Dental Fees, Capitation, Anaesthesia and Infection Control, AIDS.

12. CDA Policy Handbook

Members of Executive Council have been provided with a handbook containing selected CDA Policies. CDA policies, guidelines and statements will be reviewed at the fall planning session, to identify those requiring revision and critical areas requiring statements.

13. CDA Conventions

Dr. Michel Jahjah met with Executive Council during the budget planning session to present the planning picture for future CDA Conventions. The concept of the "dental team" attending CDA Conventions was seen as a key to growth. Executive Council agreed that any profits realized by CDA through the 1988 and 1989 Conventions would be utilized as "seed" money to finance the 1990 Convention, where a principal goal is that registration fees not be required for CDA Members.

14. Infection Control

The CDA Conference on Infection Control held last February was extremely successful, and led to the development of policy documents approved by the Board at the Interim Meeting. As a result of the Conference, an Ad Hoc Committee on Infection Control was struck; its report is contained in the resource documents which follow.

15. CDIP Eligibility - Dentists of the Northwest Territories

The Council on Insurance and Investment raised the question of eligibility for participation in CDIP of dentists practising in the Northwest Territories, who are not licensed in another province.

Executive Council has confirmed their eligibility through affiliate membership in CDA.

16. Membership Stipulations - CDA Councils and Committees

CDA Nomination documents require that nominees for Councils be Active, Affiliate, or Student members of CDA. The composition of Councils and Committees (Council on Education and Accreditation, Council on Dental Materials and Devices) stipulates requirements for certain members who are neither dentists nor dental students.

The Executive Council has agreed that members of CDA Councils and Committees must be Active, Affiliate or Student members of the CDA if they meet membership requirements; those who do not will be exempt from the requirement to join CDA.

17. Honorary Membership

The annual nominations for Honorary Membership were reviewed by Executive Council. Executive Council is most pleased to announce that Dr. Nicholas A. Mancini of Hamilton, Ontario has been awarded Honorary Membership in the Canadian Dental Association.

18. Life Membership

Applications for Life Membership, as appended, were reviewed and approved by Executive Council.

APPENDIX I

19. President's Activities

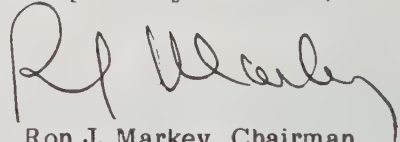
The schedule of activities of the President during his term in office is appended for information.

APPENDIX I

20. Council and Committee Reports

Executive Council has reviewed Executive Committee and Council reports as appended, and other items requiring Board action follow therein.

Respectfully submitted,



Ron J. Markey, Chairman
Executive Council

ADOPTION OF REPORT

The Board of Governors accepts the report of the Executive Council with appreciation.



APPENDIX I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

le 25 mai 1988

M. Jean-Marie Bouchard
Inspecteur général des
institutions financières
800, Place d'Youville
Québec (Québec)
G1R 4Y5

Monsieur l'Inspecteur général,

Le Docteur Claude Chicoine, président et directeur général de l'Association des chirurgiens dentistes du Québec, vous faisait parvenir récemment une lettre concernant le régime d'assurance vie parrainé par l'Association dentaire canadienne.

N'ayant pas encore reçu la copie ni la liste des annexes accompagnant la lettre du Docteur Chicoine, nous ne connaissons pas la nature exacte des renseignements qui vous ont été communiqués. Néanmoins, même si nous ne connaissons pas davantage avec certitude le fondement de votre intervention, le cas échéant, il nous fera plaisir, en ce qui nous concerne, de vous fournir toute l'information dont vous pourriez avoir besoin pour vous faire une idée nette de la situation.

Si l'Association dentaire canadienne accorde depuis plusieurs années beaucoup d'attention au litige que décrit la lettre du Docteur Chicoine, nous devons noter qu'au cours des deux dernières années, le régime d'assurance vie a eu un rendement plutôt faible, n'engendrant aucun surplus en 1987, et très peu en 1986. Le surplus des années antérieures a permis de protéger les participants contre la fluctuation des primes qui, autrement, aurait été inévitable à cause du faible rendement de ces années; le surplus offrait donc ainsi un avantage tant pour les participants que pour le régime lui-même. Depuis 1981, une partie du surplus est appliquée, tous les ans, à l'amélioration du régime et à l'octroi d'un crédit sur la prime. Les associations provinciales qui co-parrainent le régime ont toujours, approuvé, sauf le Québec, les décisions de l'Association dentaire canadienne quant à l'emploi de ce surplus.

.../2

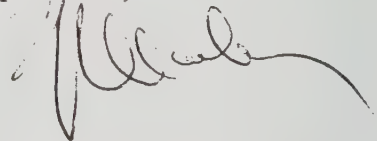
Compte tenu du faible rendement des années 1986 et 1987 ainsi que de la répartition du surplus sous forme de crédit sur la prime pendant ces années, le régime comptait à la fin de 1987, pour le pays entier, un surplus non réparti de 4 710 000 \$ (soit 112 000 \$ en surplus de fonctionnement et 4 598 000 \$ en surplus d'investissement) et une réserve de stabilisation des taux de 1 090 000 \$. En se fondant sur l'expérience de chacune des composantes provinciales, nos actuaires ont établi à 172 000 \$ la somme excédentaire qui pourrait être répartie entre les assurés qui résident dans la province de Québec.

Il est important de souligner que, contrairement à ce qu'allègue la lettre du Docteur Chicoine, l'Association dentaire canadienne n'a affecté aucune partie du surplus du régime d'assurance-vie à quelque autre régime que ce soit et n'a pas l'intention de le faire; en aucun moment, l'Association des chirurgiens dentistes du Québec ne s'est vue "menacée de perdre le surplus accumulé pour ses membres si elle ne signait pas" l'entente de participation que l'Association dentaire canadienne conclut tous les ans avec chacune des organisations provinciales qui co-parrainent le régime; et, l'Association dentaire canadienne poursuit ses pourparlers avec l'Association des chirurgiens dentistes du Québec en vue d'en venir à une solution acceptable pour les deux parties, la dernière rencontre ayant eu lieu le 28 mars 1988. Nous sommes d'avis que, dans ce dossier, l'Association dentaire canadienne a toujours fait preuve de prudence et a toujours recherché le meilleur intérêt du régime d'assurance vie et de ses participants.

Si vous jugez bon d'intervenir dans ce dossier, vous nous obligeriez en nous informant d'avance de votre intention et en nous donnant ainsi l'occasion d'en discuter avec vous. Vous nous obligeriez également en nous informant de toute discussion que votre bureau pourrait avoir avec l'Association des chirurgiens dentistes du Québec à la suite de la lettre du Docteur Chicoine.

Vous remerciant de l'attention que vous porterez à la présente, je vous prie d'agréer, Monsieur l'Inspecteur général, l'expression de mes sentiments les meilleurs.

Le président,



Ron J. Markey, d.d.s., m.s.d.

c.c.: Dr. Claude Chicoine

/msg

[LETTERHEAD OF CANADIAN DENTAL ASSOCIATION]

TRANSLATION

May 25, 1988.

Mr. Jean-Marie Bouchard,
Inspecteur général des
institutions financières,
800, Place d'Youville,
Québec, Qc
G1R 4Y5

Dear Mr. Bouchard:

We understand that you have recently received a letter from Dr. Claude Chicoine, President and Executive Director of the Association des chirurgiens dentistes du Québec, concerning the life insurance plan sponsored by the Canadian Dental Association.

We have not yet received copies or a listing of the appendices which accompanied the letter sent to you by Dr. Chicoine so we do not know precisely what information you have been given. While the basis on which you might choose to become involved in this matter is not clear to us we are prepared to provide you with any further information which you might need in order to fully understand the situation.

The issues described in Dr. Chicoine's letter have been given a great deal of consideration over the past several years by the Canadian Dental Association. The experience of the life insurance plan has been poor during the past two years, with no surplus being generated during 1987 and only a small surplus being generated during 1986. The presence of the surplus has protected the plan participants from premium fluctuations which would otherwise have resulted from the poor plan experience and has therefore been beneficial to the plan and its participants. Portions of the plan surplus have also been applied, in each year since 1981, to the provision of plan enhancements and premium credits. The co-sponsoring associations of all provinces other than Quebec have at all times supported and approved the decisions taken by the Canadian Dental Association with respect to the use of the plan surplus.

After taking into account the poor plan experience in 1986 and 1987 and the distribution of surplus made in each of those years through premium credits, the plan surplus on a Canada-wide basis as of the end of 1987 consisted of \$4,710,000 of unallocated surplus (comprised of \$112,000 of experience surplus and \$4,598,000 of investment surplus) and an amount of \$1,090,000 specifically set aside as a rate

stabilization reserve. Based on plan experience calculated on a province by province basis our actuaries have calculated \$172,000 as the amount of the plan surplus allocable to plan participants resident in the Province of Quebec

Contrary to what is stated in Dr. Chicoine's letter, the Canadian Dental Association has not allocated any portion of the life insurance plan surplus to any other insurance plan and has no plans to do so, the Association des chirurgiens dentistes du Québec has never been "faced with the threat of losing the accumulated surplus for its members if it does not sign" a form of the participation agreement entered into annually between the Canadian Dental Association and each provincial sponsoring association, and the Canadian Dental Association has been engaged in ongoing discussions with the Association des chirurgiens dentistes du Québec, the most recent of which occurred at a meeting held on March 28, 1988, in an effort to find a mutually acceptable resolution of these issues. We feel that the actions which have been taken by the Canadian Dental Association with respect to the life insurance plan surplus have at all times been prudent and in the best interests of the life insurance plan and its participants.

If you propose to take any action with respect to this matter we request that, prior to doing so, you advise us of your proposed action and provide us with an opportunity to discuss it with you. We also request that you keep us advised of any discussions between your office and the Association des chirurgiens dentistes du Québec arising from Dr. Chicoine's letter.

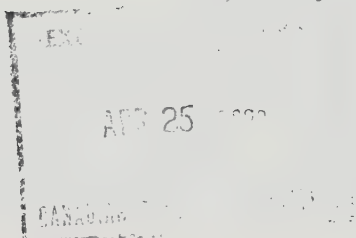
Yours truly,

Dr. Ronald J. Markey
President

*Association
des chirurgiens dentistes
du Québec*



Montréal, le 14 avril 1988



Docteur Ron Markey
Président
ASSOCIATION DENTAIRE CANADIENNE
1815, Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Objet: Distribution du surplus en assurance-vie

Cher collègue,

Je tiens tout d'abord à vous remercier pour votre visite du 28 mars dernier. J'ai fait part à notre Bureau exécutif, le 8 avril, de nos discussions ainsi que des deux hypothèses de travail que nous avons retenues.

Notre Bureau a par la suite étudié les deux propositions. Il est d'accord pour distribuer le surplus sur une période de quatre (4) ans, au moyen d'une réduction de prime et/ou d'assurance libérée. Il n'approuve pas cependant votre modalité de réévaluation annuelle, qui équivaut en quelque sorte à continuellement remettre en cause cette décision.

En ce qui concerne la seconde proposition, notre Bureau acquiesce à votre suggestion de distribuer au prorata, pour le Québec seulement, la part du surplus qui lui revient. À cet effet, il privilégie l'assurance libérée. Toutefois, nos deux organismes devront conclure une entente portant sur le mode de calcul préalablement à l'application de cette méthode de distribution. À cette fin, nous devons obtenir du C.D.S.P.I. les chiffres nécessaires pour que nos actuaires puissent faire leur travail.

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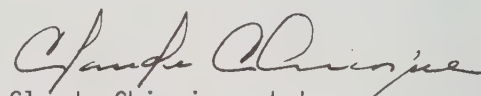
Vous n'êtes pas sans savoir, qu'en novembre 1987, notre Bureau avait résolu de s'adresser à la Cour Supérieure pour faire régler ce dossier. Mais étant donné que vous avez reconduit l'entente de participation existante et suite au compte rendu de notre rencontre, le Bureau a plutôt retenu la suggestion du Conseil d'administration de soumettre ce dossier au Surintendant des assurances, tout en poursuivant le dialogue sur les hypothèses retenues le 28 mars.

Évidemment, cette décision d'en référer à une compétence neutre a été influencée par la décision illégale prise par le Bureau des Gouverneurs de l'A.D.C. l'avant-veille de notre rencontre, et par le fait que le dénouement de ce dossier traîne en longueur depuis près de cinq (5) ans. Il s'agit, en fait, d'une décision guidée par un souci d'équité, de légalité et d'efficacité. À cet effet, je vous fais parvenir la documentation soumise à l'Inspecteur général des Institutions financières du Québec (nouvelle dénomination du Surintendant des assurances).

Je vous remercie pour cette rencontre et j'ose espérer que nous avons ouvert la voie à une solution acceptable et finale.

Je vous prie d'agréer, Cher collègue, mes salutations distinguées.

Le président,


Claude Chicoine, d.d.s.

CC/dm

p.j.

*Association
des chirurgiens dentistes
du Québec*



Le 15 avril 1988

Monsieur Jean-Marie Bouchard
Inspecteur général des
Institutions financières
800, Place d'Youville
Québec, Qc
G1R 4Y5

Monsieur l'Inspecteur général,

L'Association des chirurgiens dentistes du Québec (A.C.D.Q.) est un syndicat professionnel regroupant quelques 2 000 dentistes au Québec.

Environ 800 de ses membres sont couverts par une police d'assurance-vie de type collectif dans un régime offert à tous les dentistes du Canada, sous l'égide de l'Association dentaire canadienne (l'A.D.C.) dont l'A.C.D.Q. est l'un des membres corporatifs.

L'A.C.D.Q. parraine ce régime par le biais d'Ententes de participation signées annuellement avec l'A.D.C.. Celle-ci signe également de telles Ententes avec les neuf associations représentatives des dentistes dans les autres provinces.

Ce Régime a généré des surplus importants qui se sont accumulés depuis 1975: au 31 août 1987, ils se chiffrent à 6 300 000 \$.

Selon les Statuts de l'A.D.C. et les Ententes de participation, ces surplus devraient être distribués aux participants. Ils ne le sont pas.

Et ce, malgré des demandes répétées et soutenues de l'A.C.D.Q. à ce sujet.

L'A.C.D.Q. a résolu comme démarche ultime de s'adresser à vous étant donné votre droit de supervision générale sur les affaires d'assurance au Québec. Il ne s'agit pas ici à strictement parler d'une Caisse au sens de la Loi sur les syndicats professionnels ou d'un litige entre assureur et assurés. Cependant, les droits d'assurés au Québec sont certainement lésés.

Nous vous joignons en Annexe les pièces pertinentes à la compréhension du différend entre l'A.C.D.Q. et l'A.D.C..

La situation se présente essentiellement ainsi qu'il suit:

Au niveau juridique, tous les conseillers s'entendent à l'effet que:

- il y a un devoir de distribution des surplus par l'Exécutif de l'A.D.C.
- celle-ci, idéalement, devrait se faire à la fin de chaque année ou à tout le moins dans un délai relativement court
- la distribution doit équivaloir à des bénéfices réels, directs et certains aux dentistes qui ont créé le surplus
- ces bénéfices doivent être attribués équitablement au prorata de l'apport dans le régime du participant.

Selon l'A.C.D.Q., ces opinions juridiques concordantes sont tout simplement ignorées.

Nous vous avons joint les décisions de l'Exécutif de l'A.D.C. sur le sujet mais les deux plus récentes: Annexes 4C) et 4 E)) illustrent bien ce point.

La décision de juin 1987 est de "geler" 3 500 000 \$ du surplus "pour maintenir la stabilité financière des Régimes".

Cette réserve, dite de contingence, s'ajoute aux réserves normales et à la réserve de stabilisation des primes maintenues par l'assureur. De fait, tout porte à croire que l'A.D.C. veut transférer une partie de ce montant dans un autre Régime plutôt que de le distribuer aux participants du Régime d'Assurance-vie qui l'ont créé.

Quant à un autre 2 500 000 \$, certaines des utilisations sont une distribution, d'autres n'en sont clairement pas. De plus, l'équité de ces distributions tardives, s'il y a lieu, est fort douteuse.

Le 25 mars 1988, une partie du surplus est affectée pour procurer des avantages à des étudiants qui n'ont de toute évidence pas contribué à la création du surplus: Annexe 4 E.

Actuellement, l'A.C.D.Q. constate donc:

1. Sauf pour moins de 1 000 000 \$ distribué très tardivement, le surplus du régime d'assurance-vie accumulé depuis 1975 n'est **pas** distribué et il apparaît clair que l'A.D.C. n'entend pas distribuer une somme de 3 500 000 \$ de ce surplus.

2. Les critères d'équité dégagés par les conseillers juridiques sont acceptés en théorie mais ne sont pas appliqués en pratique.

3. Même si le Québec a refusé de l'accepter, la possibilité de transférer le surplus du régime de l'assurance-vie dans d'autres régimes est prévue et permise dans les 9 autres Ententes de participation (Voir Annexe 2). Or, il y a un seul surplus pour tous les dentistes participants au Canada...

4. L'A.C.D.Q. est confrontée, tous les ans, à une menace de perdre, pour ses membres, le surplus accumulé, si elle ne signe pas ce que l'A.D.C. lui impose.

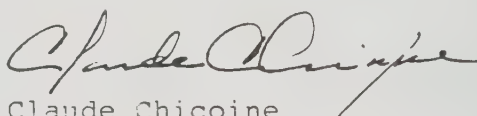
5. L'A.C.D.Q. a épuisé tous les recours internes à sa disposition pour que la distribution, sous quelque forme que ce soit, s'effectue dans le respect des critères d'équité dégagés plus haut.

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Nous croyons que votre autorité, votre expertise et votre compétence vous permettent d'intervenir pour corriger cette situation intolérable et inéquitable pour les dentistes assurés dont ceux du Québec.

Nous sommes à votre entière disposition pour toute enquête, rencontre ou demande de renseignements que vous jugerez approprié de faire.

Bien à vous,

A handwritten signature in dark ink, appearing to read 'Claude Chicoine', written in a cursive style.

Claude Chicoine
Président directeur général

P.J.

OFFICIAL TRANSLATION

Quebec Dental Surgeons Association

Montreal, April 14, 1988

Dr. Ron Markey
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Subject: Life Insurance Surplus Distribution

Dear Colleague;

First, I would like to thank you for your visit of March 28. On April 8, I informed our Executive Board about our discussions as well as the two working hypothesis we accepted.

Our Executive then studied both proposals. It agreed with the distribution of the surplus over a four-year (4-year) period of time through a reduced premium and/or paid-up insurance. However, it does not approve your requirement for an annual reassessment, as this would be in a way equivalent to continuously question this decision.

As for the second proposal, our Bureau agrees with your suggestion that the Quebec part of the surplus be distributed on a prorata basis. And for this, the paid-up insurance option is preferred by our Bureau. However, both our bodies will have to sign up an agreement on the methods of working out the amounts to be distributed before this distribution method is applied. For this purpose, we will have to get the figures needed by our actuaries from C.D.S.P.I.

You know of course that in november 1987 our Bureau decided to take this case to the Superior Court for a solution. But, because you renewed the existing participation agreement and following the report on our meeting, our Bureau rather accepted our Board of Directors' suggestion to submit this case to the Insurance Superintendant while continuing dialogue on the hypotheses retained March 28.

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Of course this decision to refer the case to a neutral competence was influenced by the illegal decision of the CDA Board of Governors two days before our meeting, and by the fact that this case has been dragging on for nearly five (5) years. In fact, our decision was made out of concern for equity, legality and efficiency. To this effect, please find enclosed copy of the documents sent to the Inspecteur général des institutions financières du Québec (the Quebec General Inspector for Financial Institutions — the new name for the Insurance Superintendent).

I thank you for this meeting and I trust we opened the way to an acceptable and final solution.

Sincerely,

Claude Chicoine, d.d.s.
President
Attached

Quebec Dental Surgeons Association

Montréal, April 14, 1988

Mr. Jean-Marie Bouchard
Inspecteur général des
institutions financières
800, Place d'Youville
Québec, Qc
G1R 4Y5

Dear Sir;

The Quebec Dental Surgeons Association (QDSA) is a professional union made up of some 2,000 Quebec dentists.

Approximately 800 of these subscribe to a collective type life-insurance policy through an insurance plan offered to all Canadian dentists under the auspices of the Canadian Dental Association (CDA) of which QDSA is a corporate member.

QDSA co-sponsors this plan through annual Participation Agreements signed with CDA. CDA also signs such Agreements with nine other dental associations representing dentists in other provinces.

This Life Insurance Plan generated considerable surpluses which accumulated since 1975. As of August 31, 1987, these surpluses totaled \$6,300,000.

According to CDA's Constitution and the Participation Agreements, these surpluses should be distributed to participants. They are not.

And this, despite QDSA's repeated and sustained requests.

As an ultimate step, QDSA decided to take this case to you because you have a general supervision right over insurance business in Quebec. Strictly speaking this is not a fund as described in the "Loi sur les syndicats professionnels" ("Professional Unions Act") or a dispute between insurers and insured. However, the rights of insured people in Quebec are certainly being infringed.

We are sending you as annexes pertinent documents that will help you understand the dispute between QDSA and CDA.

Basically, the situation should be as follows:

- It is the CDA Executive Council's duty to distribute the surpluses.
- Ideally, this distribution should be done at the end of each year or at least within a relatively short period of time.
- The distribution should be equivalent to real, direct and sure benefits to the dentists who created this surplus.
- The benefits should be distributed equitably and prorated to the participant's input in the plan.

According to QDSA, these concurring legal opinions are simply ignored.

We attached CDA Executive's decisions on this topic, but this point is well illustrated by the two most recent decisions — Appendices 4C) and 4E).

The June 1987 decision was to "freeze" \$3,500,000 of the surplus "to maintain the financial stability of the Plans".

This reserve, called contingency fund, is added to the regular reserves and to the premium stabilization reserve maintained by the carrier. In fact, everything leads us to believe that CDA wants to transfer part of this amount to another Plan rather than to distribute it to the Life Insurance Plan participants who created the surplus.

As for an other \$2,500,000, part is used for distribution, and part is clearly not used for distribution. In addition, the equity of these late distributions, if any, is quite questionable.

On March 15, 1988, part of the surplus was allocated to provide benefits to students who evidently did not contribute to the surplus — Annex 4E).

For the time being, QDSA notes the following:

1. Except for an amount of less than \$1,000,000 which was distributed very tardily, the life insurance surplus accumulated since 1975 is not distributed and it seems very clear that CDA does not intend to distribute an amount of \$3,500,000 of this surplus.
2. The equity criteria drawn by the legal advisors are accepted theoretically but not applied in practice.

3. Even if Quebec refused to accept the transfer of the life insurance surplus into other insurance plans, the possibility of such transfer is planned and allowed in the other nine Participation Agreements. (see Annex 2) Now, there is but one surplus for all participating dentists in Canada.
4. Every year, QDSA is confronted by the menace of loosing the accumulated surplus for its own members if it does not sign the agreement imposed by CDA.
5. QDSA used all internal recourses at its disposal in order that any form of distribution be made, respectful of the equity criteria stated above.

We believe your authority, expertise and competence allow you to intervene in order to straighten up this situation which is intolerable and unfair to the insured dentists including those of Quebec.

We remain at your disposal for any enquiry, meeting or investigation you would find appropriate.

Yours Truly,

Claude Chicoine
President and Executive Director

Attached

SUPERVISION REQUIREMENTS FOR DENTAL HYGIENISTS

Background

The dental profession supports the concept of an oral health care delivery team and the use of dental auxiliaries, within specified parameters, to expand opportunities for patient care and contain costs.

The Canadian Dental Association (CDA) is concerned with standards of oral health care delivery in Canada and recognizes the initiatives of provincial governments and other groups toward defining and rationalizing the duties of all types of health care workers and their working relationships. This position paper is formulated in an effort to avoid decisions being made that may compromise the quality of patient care.

Important Principles

CDA believes that any definition of the working relationship of the dentist and the dental hygienist, or of supervisory requirements for the latter, must respect the following principles:

1. (a) The dentist directs the oral health care delivery team because he or she is prepared and qualified to provide a comprehensive differential diagnosis of oral health status, to plan and render treatment required and to refer patients, as required, to another dentist or physician.
- (b) Primary oral health assessment requires a comprehensive differential diagnosis and treatment planning.
- (c) Dental hygiene is one frequently required group of oral therapies that may be indicated by a differential diagnosis.
- (d) Patient care is enhanced by an effective working relationship between the dentist and the dental hygienist.
- (e) Comprehensive patient oral health care cannot be achieved if the dental hygienist is an independent practitioner not subject to the supervision of a dentist.
2. (a) Dental hygienists licenced by Dental Licensing Authorities should have representation - with full rights and responsibilities, including the right to vote - on the Board of the Dental Licensing Authority.

Practical Arrangements for Supervision of Hygienists

Every patient treated by a hygienist must first have the advantage of current diagnosis and treatment planning by a qualified dentist. The use of the dental hygienist within the oral health care delivery team does not necessarily imply, however, that a dentist has to monitor every aspect of the work of the dental hygienist every time a patient is treated by a hygienist.

On the contrary, growing needs for oral health care, particularly in chronic care institutions, require supervisory arrangements that could permit appropriate scope for the hygienist while respecting the principles noted earlier.

CDA believes that there are two general approaches to supervisory arrangements which may be employed at the discretion of a dentist, as provincial regulations permit, to provide the varying degrees of scope appropriate in various circumstances while ensuring that the dentist is responsible for patient care. These approaches are described below.

While this document outlines two approaches to supervision endorsed and supported by the Canadian Dental Association, at the national level, it does not supercede, replace or affect provincially defined requirements for supervision outlined under the authority of the dental licensing body recognized under provincial legislation.

CATEGORY 1: IMMEDIATE SUPERVISION

Some duties or procedures performed by dental hygienists require supervision by a dentist who is physically present in the office and immediately available.

Definition of IMMEDIATE SUPERVISION

Immediate supervision means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated.
- (b) Authorize the procedures to be performed.
- (c) Respond in a practical fashion to requests for advice or assistance made by the dental hygienist.
- (d) Review with the dental hygienist patient care provided and determine immediacy of requirement for the next dental examination of the patient.
- (e) Be physically present in the office suite or institutional dental service.

CATEGORY 2: DIRECTION

Certain duties or procedures performed by dental hygienists may not require the dentist to be physically present in the office and immediately available.

For example, in long term care institutions or public health programs involving target groups of patients, a dental hygienist may be employed to carry out specific assigned duties under DIRECTION.

Definition of DIRECTION

Direction means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated.
- (b) Authorize the procedures to be performed.
- (c) Respond in a practical fashion to requests for advice or assistance made by the dental hygienist.

- (d) Review with the dental hygienist patient care provided and determine immediacy of requirement for the next dental examination of the patient.

Considerations Affecting choice of supervisory arrangement

Where provincial regulations permit, dentists may choose to delegate specific duties to dental hygienists under either IMMEDIATE SUPERVISION or DIRECTION while retaining full responsibility for patient care. While some duties of dental hygienists may be performed under DIRECTION rather than IMMEDIATE SUPERVISION, in making the choice of arrangements for supervision, the dentist must recognize that there are a number of factors to be taken into account beyond the consideration that the duties fall within the appropriate category of supervision. Some specific considerations include the following:

1. Seriously ill patients: Patients classified as medically compromised present varying degrees of difficulty or risk with respect to dental care. Medically-compromised patients judged to be at high risk should receive treatment by a hygienist only under IMMEDIATE SUPERVISION.
2. Range of supervisory responsibilities: The dentist should provide IMMEDIATE SUPERVISION if he or she is accepting responsibility for the work of numerous hygienists who are performing their duties at the same time. Dentists must recognize that the range of supervisory responsibility accepted must be reasonable and that they are accountable for their ability to ensure adequate patient care.
3. Experience of the dental hygienist: A dentist should not permit a dental hygienist to work under DIRECTION until he or she has confidence in the individual dental hygienist and the dental hygienist feels prepared to do so.

Permitted Dental Hygiene procedures may be performed under DIRECTION outside the dental office of the directing dentist provided the conditions outlined in (a) (b) (c) and (d) above have been satisfied, AND the following supplementary condition is unequivocally met:

The dental hygienist is performing the duties within an institution which provides medical services to which the dental patient has ready access (i.e. a physician is immediately available or on call) and the dental patient is under the overall care of a physician cooperating in the provision of the institutional medical services.

CONCLUSION:

Although Dental Hygienists, on the basis of their education, training and expertise cannot be viewed and are not recognized as primary care health workers or providers, they are qualified and recognized as members of the oral health care team providing a limited range of services under the supervision of a dentist. While the appropriate arrangement for supervision (immediate supervision or direction) is a matter of choice, supervision is always required and the services rendered by a hygienist are of benefit only within the context of comprehensive oral health care provided by a dentist.

APPENDIX III

CANADIAN DENTAL ASSOCIATION
APPLICATIONS FOR LIFE MEMBER STATUS 1989

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRADUATION</u>	<u>GOOD STANDING CONFIRMED BY CORPORATE BODY</u>
DR LEO A CORMIER	N B	1948	YES
DR DONALD C STEEVES	N B	1948	YES

APPENDIX IV

SCHEDULE FOR DR. RON J. MARKEY, PRESIDENT

1987-88

1987

September 12	Executive Council	Ottawa
September 18-20	Northern Ontario Dental Association (Represented by Dr. Kevin Poach)	
September 21	Welcome to the Profession - Western Ontario (Represented by W. Leggett)	London
September 30 - October 1	Federal/Provincial Dental Directors (Represented by Dr. John Robertson)	St-John's
October 3	Testimonial Dinner - Dr. Douglas Yeo	Vancouver
October 8	Welcome to the Profession - Dalhousie (Represented by Dr. J. Robertson)	Halifax
October 10-15	American Dental Association - Convention	Las Vegas
October 20	Toronto All Societies Meeting (Represented by Dr. K. Roach)	Toronto
October 24-30	FDI Congress	Buenos Aires
October 26	Welcome to the Profession - Montreal (Represented by Dr. G. Dubé)	Montreal
October 27	CDA/CDA Information Nights (Represented by Dr. W. Leggett)	Toronto
October 28	Welcome to the Profession - Saskatchewan (Represented by Dr. J.W. Niedermayer)	Saskatoon
November 3	Vancouver and District Dental Society	Vancouver
November 9	Dinner - NDEB	Ottawa
November 11-12	Management Committee	Val-David

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November 13-15	Executive Council/Planning Session	Val-David
November 16	Welcome to the Profession - McGill (Attended by L. Teteruck, Dr. Crawford)	Montreal
November 26	Meeting with C.D.Q. - Dr. Marc Boucher	Montreal
November 26	Academy of Dentistry - Winter Clinic	Toronto
November 27-28	CLA Board	Toronto
November 28	CDA/CLSPI Management	Toronto
<u>1988</u>		
January 27	Management	Whistler
January 29-30	Executive	Whistler
February 3	ADA/CLA meeting of senior officers	Ottawa
February 8-9	CDA Teaching Conference on Strategic Planning	Toronto
February 28-29	Conference on Infection Control	Toronto
March 23	Meeting with R.C.D.S.	Toronto
March 25-26	Interim Meeting - Board of Governors	Ottawa
March 28	Meeting - QDSA re: CDSPI	Montreal
April 21-22	National Symposium on Geriatrics	Winnipeg
May 6	CLA Board of Governors	Toronto
May 7	Newfoundland Dental Association - Annual Meeting	St. John's
May 8-11	CDA Convention	Toronto
May 9	Ontario Dental Nurses & Assistants' Association Spring Convention	Toronto
May 11-12	Prince Edward Island Meeting	Charlottetown
May 14	Annual New Brunswick Dental Society	Saint John, N.B.

May 27	University of Toronto - Grad Luncheon (Represented by Lr. K. Roach)	Toronto
May 30	McGill Grad Ereakfast (Represented by Lr. G. Dubé)	Montreal
May 31-June 2	Les Journées Lentaires	Montreal
June 3	Western Univ. - Grad. function (Represented by Lr. B. Lolansky)	London
June 3-5	College of Lental Surgeons of Saskatchewan (Represented by Lr. Jack Niedermayer)	Moose Jaw
June 7	Management Committee	Cttawa
June 8	Media Training	Cttawa
June 9	Meeting: QLSA, CLSPI and CEA re: Life Plan Surplus	Cttawa
June 9-10-11	Pre-Board Executive Council - Budget/ Planning	Cttawa
June 12	CIHA Annual Meeting of Board of Directors (Represented by Lr. Jack Niedermayer)	Cttawa
June 16-19	B.C. College Convention	Vancouver
June 17-18	CEA Teaching Conference - Continuing Education (Representated by Lr. Kevin Roach)	Montreal
August 4-5	CFLS Grad Ceremonies	Borden
August 19-20	Annual Meeting - Board of Governors	Edmonton
August 21	Meeting with CLSPI Board of Directors and CEA Executive Council	Edmonton
August 21	Annual Meeting - Alberta Dental Association	Edmonton
August 21-24	CEA Convention	Edmonton
August 22	Lental Corps Reception	Edmonton

COMMITTEE FOR CONSUMER PRODUCTS RECOGNITION

Members:	Dr. M. Eggert, Chairman, Edmonton Dr. G. Bowden, Winnipeg Dr. E. Chan, Montréal Dr. W.B. Chapple, Port Hope Dr. H. Limeback, Toronto Dr. H.S. Sandhu, London
Observer:	Dr. M. Akoury, Health Protection Branch, Health and Welfare Canada, Ottawa
Executive Liaison:	Dr. B. Sigfstead, Edmonton
Coordinator:	Ms. Janice Forsythe

1. Committee Meetings

The Committee has met once since reporting to the 1988 Interim Board of Governors meeting, on February 17, 1988. Dr. H.S. Sandhu was welcomed to this meeting as the newly-appointed member of the Committee.

2. Liaison Activities

Dr. Michael Eggert, Chairman of the Committee for Consumer Products Recognition, Dr. David Sage, Member of the Committee on Health Care, and Dr. John Hamilton, Assistant Dean, University of Western Ontario, had the opportunity on March 28 to meet with representatives of the Health Protection Branch under the direction of Dr. Ed Overstreet. The group's task for the morning was to participate in an Evaluation Assessment Study of the HPB's Drug Safety, Quality and Efficacy Program.

Specific questions were asked of the group regarding the role of the CDA in interacting with HPB in its activities, definition of HPB functions, efficacy of drug products applied to dental diseases, public input to HPB, adequacy of HPB resources for its functions, information needs of the dental profession and consumer education efforts.

The discussion was very fruitful and the task force leaders felt that CDA's input had been most valuable. A summary of the meeting will be published in HPB's final study report.

ITEMS REQUIRING BOARD ACTION**3. Product Submission**

The Committee has had to take a strong stand with manufacturers to the effect that each application for the Seal of Recognition must be submitted with GP or DIN numbers signifying prior Health Protection Branch approval of their product. This is the committee's only way of knowing that the safety data for a product have received HPB approval. The HPB is pleased that the Committee has taken this initiative. The committee would appreciate the Board's backing on this issue.

RESOLVED:

88.46 **THAT the Committee for Consumer Products Recognition accept for consideration only products which have obtained final approval from Health Protection Branch as signified by a GP or DIN number.**

ADOPTED**4. Potential for Antagonism Between Fluoride and Pyrophosphates**

No clinical research has been done to date on the potential for antagonism between fluoride and pyrophosphates in mouthrinses. The Committee felt it would not be able to approve such a submission, if presented without evidence of clinical efficacy. No evidence has proven that the pyrophosphates do not enter carious lesions, but we have had discussions on this issue with Dr. John Featherstone, an internationally recognized researcher and Chairman of the Department of Oral Biology at the Eastman Dental Center, University of Rochester. He feels that pyrophosphates do not affect remineralization, but only one clinical trial has been done to date.

Entry of pyrophosphates into carious lesions could still potentially interfere with the anti-caries action of fluoride.

The Committee Members agreed that they could not deny approval of fluoride and pyrophosphate-containing toothpastes because of past approvals. Any new fluoride toothpaste formulation with significantly increased levels of pyrophosphate would not receive approval at this time without accompanying data from clinical trials. This position may change, however, with availability of further scientific evidence. Since pyrophosphate-containing mouthrinses have not been approved previously, the Committee can apply the terms of its regulations for new products by requesting clinical data on the anti-caries effectiveness of fluoridated tartar-control mouthwashes.

RESOLVED:

- 88.47 THAT the Committee postpone consideration of fluoride-containing tartar-control oral rinses for the anti-caries claim until there is appropriate laboratory or clinical trial evidence in support of an anti-caries effect.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION5. Communications with Health Protection Branch

The Committee has increased its day-to-day communications with the Health Protection Branch on several issues. It is felt that a closer working relationship between the two bodies will facilitate both HPB product approval and CDA recognition of certain products. A formal meeting of HPB representatives and Committee representatives is scheduled for June 15, 1988. It is hoped that such meetings will be held annually in future.

6. Sensitivity Reactions to Anti-tartar Toothpastes

It has been pointed out to us that, contrary to previous information, the HPB does not have a hotline for reporting sensitivity to dental products. The Committee plans to prepare a simple form which dental personnel could use to report such information. This form could be published in the Journal in a format suitable for photocopying so that it reaches all dentists in a cost-effective manner. The responses would be sent by the dentists to CDA, collated and passed on to HPB in order to ensure that both bodies are aware of any potential problems with dental products.

7. Product Recognition

The following new and reformulated products have been granted the CDA Seal of Recognition:

Cepacol with Fluoride (Peppermint flavour)
Close-up (Red and Green Gels and White Paste)
Colgate Fluoride Rinse

8. Appreciation

I would like to thank the members of the Committee for Consumer Products Recognition for their efforts to concurrently maintain the fluoride recognition program and expand the Committee's mandate. This is indeed a difficult task which can only be accomplished by a strong team approach. I must also include our thanks to Ms. Janice Forsythe and her staff, Ms. Suzanne Bouchard Tejeda and Ms. Carolyn McHugh, for their efforts to keep this very busy committee running smoothly.

Respectfully submitted,

F. Michael Eggert, D.D.S., MRCD(C),
MSc, Ph.D.
Chairman, Committee for Consumer
Products Recognition

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee for Consumer Products Recognition with appreciation.

CONVENTION COMMITTEE

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members: Dr. Herb Link, Chairman - Edmonton
 Dr. Ted Zukiwsky, Edmonton
 Dr. Brad Richens, Edmonton
 Dr. Paul Schuller, Edmonton
 Dr. Ed McIntyre, Edmonton
 Mrs. Florence Ingham, Edmonton
 Mr. Don Winget, Edmonton
 Mrs. Corrinne Mather, Edmonton
 Mr. Jardine Neilson

Coordinator: Miss Linda Teteruck

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Planning for the 1988 Convention to be held in Edmonton, Alberta, August 21-24, proceeds as scheduled.

1. All keynote speakers and scientific program participants have been confirmed. Highlights include:

- two days of preconvention courses, featuring Dr. James Cottone, speaking on Infection Control and Dentistry, and Dr. William Becker speaking on Changing Concepts in Periodontal Therapy.

Key scientific presentations include:

- The K.J. Paynter Memorial Symposium on TMJ
- Dr. Ron Roth as the Grieve Memorial Lecturer
- Jennifer de St. Georges on Front Office Personnel
- Dr. Bernie Dolansky on Endodontics
- Ray Purdy on Dentistry and the Law
- An implant symposium
- Jan and Naomi Rhode on Practice Management
- Dr. Ed Sauer on Capitation
- Robert Sydenham on Low Back Pain

2. Monday's schedule includes the Murray MacDonald Memorial Lecture with feature speaker Knowlton Nash. This lecture is sponsored by the Canadian Fund for Dental Education.

CONVENTION COMMITTEE

- 2 -

-
3. All exhibit space has been sold. Due to the strong demand for space, the exhibit hall has been expanded to accommodate 176 booths at \$700 per booth.
 4. The CDA/Alberta Dental Association luncheon will be held on Monday, August 22. Entertainment at this luncheon includes feature speaker Randy Cunningham of Top Gun fame.
 5. Social Program highlights include:
 - a Sunday evening Reception/Registration Party featuring the Shumka Ukrainian Dancers;
 - a Tuesday evening Western Fun Night with Boby Curtola and a Klondike Revue;
 - Monday evening is unscheduled to allow delegates to attend class reunions and dine at some of Edmonton's fine restaurants.

All evening social events are separate ticket items and are not included in the general registration package.
 6. For the first time, all licensed Alberta dentists will be allowed free registration to the CDA Convention as part of their license fee.
 7. CDA's Installation Dinner will be held on Friday, August 19 at the Westin Edmonton.
 8. The Board of Governors meeting will be held on Friday and Saturday, August 19 and 20th at the Westin Edmonton.
 9. CDSPI is scheduled to host a reception for the Board on Saturday, August 20 at the Westin.
 10. CDA will hold its Early Bird Draw on Sunday, August 21. All dental registrants who have pre-registered for the Convention by June 15th will be eligible to win two round trip tickets to any Air Canada destination in Europe or North America. The winner must be present at the Registration Party on Sunday, August 21.
 11. The Convention will feature a full Spouses' and Children's Program. Because of its August dates, the Convention is being planned as a family/holiday event.
 12. A 3.1k Fun Run/Walk and a 6.1k road race are planned for Sunday morning, August 21.

-
13. The Committee has aggressively pursued corporate sponsorship. To date, \$7,000 has been received in support of the Scientific Program.
14. The Convention has been extensively promoted. Alberta Tourism distributed a promotional mailing to all dentists in Canada in March, at no cost to CDA. The CDA Journal has provided continual coverage since January, with registration and housing forms appearing in every issue from March '88 to August. The July'88 Journal will extensively feature the Convention. The attached flyer was sent under separate cover, to all dentists in May. The four Western Provincial Dental Associations also have covered the Convention in their respective newsletters and/or distributed information with their monthly mailings.

APPENDIX I

15. Groups meeting in conjunction with CDA include:
- The Canadian Association of Orthodontists
 - The Royal College of Dentists of Canada
 - The International College of Dentists

1989 Convention - Vancouver, B.C., August 27-30

Planning for this Convention is proceeding. A local arrangements protocol has been developed and structures are in place to begin detailed planning of the meeting.

The Convention will be at the Vancouver Trade and Convention Centre. The Headquarters hotel will be the Pan Pacific.

1990 Convention - Ottawa, Ontario

The site of the 1990 meeting has been confirmed. Dates will be announced when all requirements are finalized.

1991 Convention - Quebec City

Staff is presently investigating the availability of space in Quebec City in late August or September 1991.

Respectfully submitted,

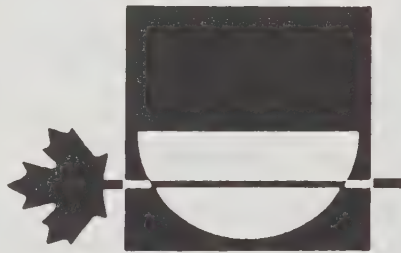
Linda Teteruck
Director of Communications

ADOPTION OF REPORT

The Board of Governors accepts the report of the Convention Committee with appreciation and commends Dr. Herb Link for an outstanding job as Convention Chairman for 1988.

Congregate in '88

**Canadian Dental Association
Convention**



August 21-24, 1988

Edmonton, Alberta

Hosted by the Alberta Dental Association

Edmonton
Convention
Centre

Limited Attendance Pre-Convention Courses

Saturday, August 20, 1988

Infection Control and Dentistry: the Challenge of Hepatitis and AIDS – Dr. James Cottone

Practical infection control is being adopted by the dental profession in order to combat the threat of hepatitis, AIDS and other infectious diseases to the health of the dentist, dental staff and patients. Each of the following areas of infection control will be independently discussed during the program:

- patient screening
- personal protection
- instrument sterilization
- surface and equipment disinfection
- aseptic technique
- laboratory asepsis

The emphasis will be on technique selection and product evaluation. A review of currently available infection control guidelines will be included. Handouts appropriate for a dental office infection control manual will be available.

Sunday, August 21, 1988

Changing Concepts in Periodontal Therapy: Scaling and Root Planing Isn't Enough – Dr. William Becker

The program will cover diagnosis of periodontal diseases, a simplified method for periodontal charting and the role of scaling and root planing in the periodontal treatment plan. Recent research has shown that it may be possible to detect periodontal diseases using various diagnostic tests. The relevance of these tests to the dental practitioner will be discussed. Surgical procedures which are necessary for restorative dentistry will be discussed. The afternoon session will be devoted to discussing periodontal maintenance, the role of anti-microbials in periodontal therapy and periodontal regenerative procedures. The presentation will be enhanced by dual projection audiovisual slides. A simplified periodontal chart will be given to the attendees.

EARLY-BIRD Registration

DENTISTS WHO PRE-REGISTER BY JUNE 15, 1988
WILL BE ELIGIBLE FOR A DRAW
FOR TWO ROUND-TRIP TICKETS
TO ANY AIR CANADA DESTINATION
IN EUROPE OR NORTH AMERICA
(THE WINNER MUST BE PRESENT AT THE
REGISTRATION PARTY ON SUNDAY AUGUST 21)

Our meeting is registered with **Convention Central**, Air Canada's exclusive reservations service for convention delegates. Benefits include:

CONVENTION FARE: Save at least 20% with the new Convention fare available only through Convention Central. Should you qualify for other fares that represent greater savings, your reservations will be confirmed at the lowest available rate. (Certain advance purchase conditions apply.)

CAR RENTAL: If you like the convenience of a rental car when you arrive, Air Canada has arranged an attractive convention rate with Tilden, available only through Convention Central.

TO RESERVE: Call the toll-free number below and identify yourself and your meeting. If you customarily use a corporate travel department or travel agent, have them call on your behalf.

Call: 1-800-361-7585

Weekdays 9:00 a.m. to 8:00 p.m. EDT/EST

CONVENTION PROGRAM

Scientific Sessions

Monday, August 22, 1988

K.J. Paynter Memorial Symposium

Craniomandibular Function and Dysfunction

Esthetics	Dr. Frank Spear
Front Office Personnel	Jennifer de St. Georges
Grieve Memorial Lecture	Dr. Ron Roth
<i>Orthodontics</i>	
Dentistry and the Law	Ray Purdy
Projected Clinics	
Table Clinics	

The Murray MacDonald Memorial Lecture

Speaker: Mr. Knowlton Nash

Topic: History on the Run

sponsored by

the Canadian Fund for Dental Education

Tuesday August 23, 1988

Implant Symposium

Endodontics	Dr. Bernie Dolansky
Practice Management	Naomi Rhode
Capitation	Dr. Ed Sauer
Low Back Pain	Robert Sydenham
Projected Clinics	
Table Clinics	
CDSPI – Your Corporation	

Wednesday August 24, 1988 (morning only)

Acquired Immune Deficiency Syndrome and Dentistry
Dr. Bryce Larke

Exhibits

More than 160 booths have been sold featuring a wide range of dental products and services.

Spouses' & Children's Program

Special programs have been planned for spouses and children (preferred ages 5-14). Highlights of the spouses' program include a luncheon with guest speaker Naomi Rhode and shopping at the West Edmonton Mall, a Family Fun Brunch and High Tea at the Muttart Conservatory.

The children's program features a tour of the zoo, Space Science Centre and Fort Edmonton Park plus a Family Fun Brunch.

Office Personnel

Register your office personnel and dental staff to attend the 1988 CDA Convention. All dental staff can attend CDA scientific sessions and exhibits for the low price of \$50 per person.

CDHA & CDAA Events

For information on programs being offered by the Canadian Dental Hygienists' Association and Canadian Dental Assistants' Association, contact each respective association.

CANADIAN DENTAL ASSOCIATION CONVENTION
EDMONTON '88

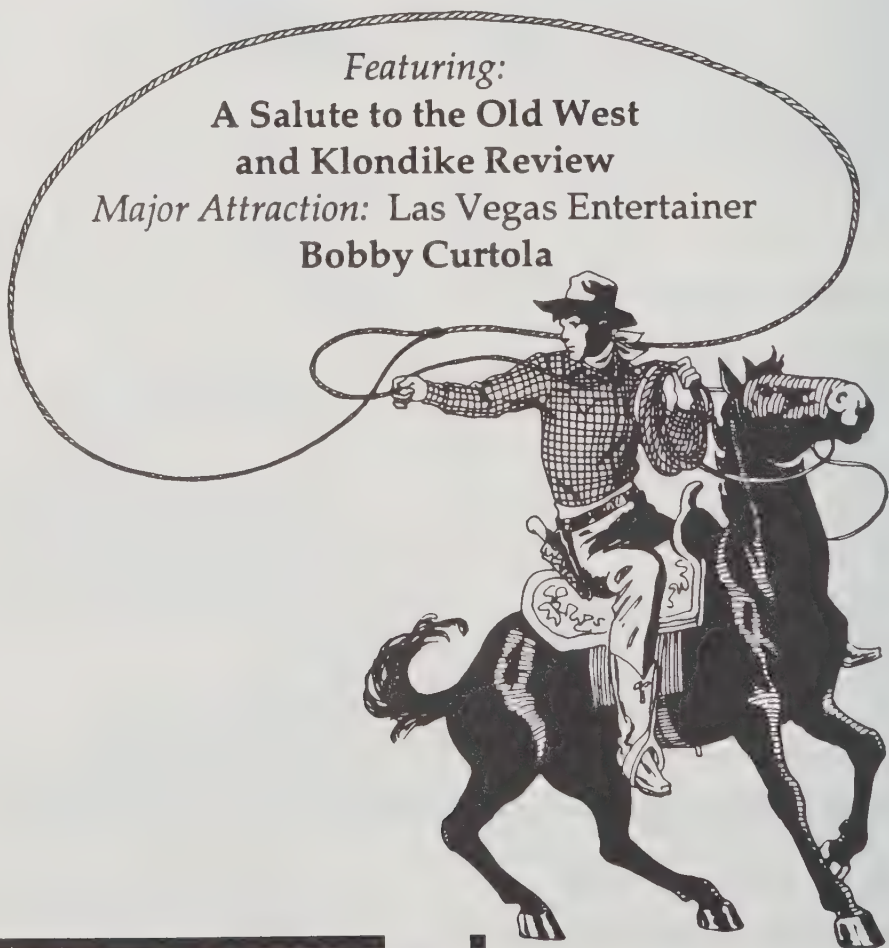
SOCIAL PROGRAM

Sunday Evening, August 21
REGISTRATION PARTY

Featuring: the internationally renowned
Shumka Ukrainian Dancers

Tuesday Evening, August 23
FUN NIGHT

Featuring:
A Salute to the Old West
and Klondike Review
Major Attraction: Las Vegas Entertainer
Bobby Curtola



CDA Fun Run

Sunday, August 21, 1988

TWO RUNS ARE PLANNED:

- A 3.1k fun run, jog, walk for the entire family
- A 6.1k road race

TIME: 9:00 a.m.

LOCALE: Physical Education Building, University of Alberta Campus

FEE: \$15.00 per person

Send completed application form and cheque payable to:

The Canadian Dental Association
FUN RUN
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Further information will be forwarded to all registrants prior to the race.

FUN RUN ENTRY FORM

Name _____
(Please Print)

Address: _____

T-Shirt Size:

☐ Small

☐ Medium

☐ Large



1988 CANADIAN DENTAL ASSOCIATION CONVENTION

(hosted by the Alberta Dental Association)

AUGUST 21 to 24, 1988

EDMONTON CONVENTION CENTRE

Edmonton, Alberta

ADVANCE REGISTRATION FORM

** Dentists registering by June 15, 1988 will be eligible to win a draw of 2 tickets anywhere Air Canada flies in Europe and North America (winner **must** be present at registration round-up Sunday night) Registration after June 15th. or at convention add \$25.00.

PLEASE PRINT: (one form per delegate, duplicate form if necessary)

NAME	Surname		First Name
ADDRESS	Street/Box No	City	Province
	Postal Code	Telephone (office)	(residence)

PLEASE CHECK APPROPRIATE GROUP:

☐ Dentist ☐ Office Personnel/Staff ☐ Technician ☐ Spouse ☐ Non-dental/guest ☐ Student

PRE-CONVENTION COURSES — LIMITED ATTENDANCE (Full day courses)

Dr. James Cottone — Infection Control and Dentistry: The Challenge of Hepatitis and AIDS — Saturday, August 20

Dentists	\$125.00
Office staff/other	50.00

Dr. William Becker — Changing Concepts in Periodontal Therapy — Sunday, August 21

Dentists	125.00
Office staff/other	50.00

CONVENTION REGISTRATION:

Dentists — members Alberta Dental Assoc. (due to annual levy)	Nil
— members CDA/ADA (American)/foreign	150.00
— non-members CDA	225.00

INCLUDES Exhibits Scientific sessions Monday luncheon

Technicians	50.00
Office Personnel (includes all dental staff)	50.00
Guest/non-dental personnel	50.00
Students	Nil

ALL OF ABOVE INCLUDES: CDA Exhibits and scientific sessions

Spouses	50.00
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INCLUDES Exhibits and scientific sessions	(check if will attend)
Other activities: Mon. Luncheon West Edmonton Mall	☐
Tues. Family Fun Brunch	☐
Tues. High Tea and tour Muttart Conservatory	☐

Children's Program: (preferred ages 5-14)	15.00 x
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Names and ages

INCLUDES Registration Round-up plus	(check if will attend)
Monday — Tour day and lunch (zoo, Space Science Centre, Fort Edmonton Park)	☐
Tuesday — Family fun brunch	☐

SOCIAL EVENTS: (Convention Centre)

Sunday Evening — Registration Roundup (with world famous SHUMKA DANCERS — early bird draw 8 30 p.m.)	15.00
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Tuesday Evening — WESTERN NIGHT —	Limited attendance (per person)	38.00
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Monday Noon — CDA/ADA INAUGURAL LUNCHEON — Dentists only — If will attend check ☐	Nil
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(After June 15th add \$25.00)

TOTAL

IMPORTANT: Make cheques payable to "Canadian Dental Association Convention"

Mail to: Canadian Dental Association

1988 CANADIAN DENTAL ASSOCIATION CONVENTION 1815 Alta Vista Drive Ottawa, Ontario K1G 2Y6

CANCELLATION POLICY: Cancellations received before August 1st full refund Cancellations after August 1st subject to a 25% administrative charge
No refunds after August 15 1988

1988 CANADIAN DENTAL ASSOCIATION CONVENTION

(hosted by the Alberta Dental Association)

AUGUST 21 to 24, 1988

EDMONTON CONVENTION CENTRE

Edmonton, Alberta

HOTEL RESERVATION FORM

☐ Dentist Name _____

Mr. _____ Address _____

☐ Mrs. _____
(City) (Province) (Postal Code)

Miss/Ms Telephone: _____ (Res) _____ (Bus.)

TYPE OF ROOM

☐ Single ☐ Double ☐ Twin ☐ Other _____

INDICATE FIRST THREE HOTEL CHOICES (Rates indicated single/double)

☐ Westin Hotel (C.D.A. Headquarters)	\$ 95.00
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☐	Chateau Lacombe (C.D.H.A. & C.D.A.A. Headquarters)	65.00
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☐ Ramada Renaissance	65.00
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☐	Four Seasons	88.00
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☐ Sheraton Plaza (Exhibitors & Technicians Headquarters)	69.00
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☐ Holiday Inn	56.00
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☐ Fantasyland Hotel (Theme Room Only)	175.00
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☐ Centre Suite	65.00
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☐ Tower On the Park ☐ 1 Bdrm - \$55.00 ☐ 2 Bdrms - \$70.00 ☐ 3 Bdrms - \$85.00

Deluxe rooms are available upon request. All hotels are within walking distance from the Convention Centre except Fantasyland Hotel and Tower On The Park.

Arrival Date: _____ Time: _____ Departure Date: _____

DEPOSIT: A \$75.00 deposit is required to guarantee the accommodation. Please make cheque payable to:
THE EDMONTON CONVENTION AND TOURISM AUTHORITY

- OR -

VISA # _____ MASTER CARD # _____

AMERICAN EXPRESS # _____ OTHER _____

EXPIRY DATE _____ SIGNATURE _____

PLEASE SEND DEPOSIT AND HOTEL RESERVATION FORM TO:

EDMONTON CONVENTION & TOURISM AUTHORITY

9797 JASPER AVENUE NO. 104

EDMONTON, ALBERTA, CANADA T5J 1N9

DEADLINE FOR RESERVATION: July 4, 1988, thereafter requests will be accepted on a room availability basis only. Rooms elsewhere are being held and will be assigned for those persons whose reservation requests are received after the allotment is consumed.

• • • PHONE RESERVATIONS WILL NOT BE ACCEPTED • • •

CANCELLATION POLICY: DEPOSIT REFUNDABLE UP TO 60 HOURS NOTICE.

• • • CONFIRMATION WILL BE SENT DIRECTLY FROM THE HOTEL • • •

DENTAL SPECIALTIES COMMITTEE

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

- Members: Dr. J. Wright, Chairman, Winnipeg - Canadian Academy of Periodontology
Dr. H. Gaucher, Ste-Foy, Association of Prosthodontists of Canada
Dr. J. Phillips, Oshawa, Canadian Academy of Endodontics
Dr. C. Price, Vancouver, Canadian Academy of Oral Radiology
Dr. D. Precious, Halifax, Canadian Academy of Oral & Maxillofacial Surgeons
Dr. R. Pass, Burlington, Canadian Association of Orthodontists
Dr. D. Mock, Toronto, Canadian Academy of Oral Pathology
Dr. N. Farrell, London, Canadian Society of Public Health Dentists
Dr. A. Dungy, Ottawa, Canadian Academy of Pediatric Dentistry
- Executive Liaison: Dr. L. Allen, Winnipeg
- Observer: Ms. K. Montgomery, Toronto, RCDC
- Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

The Dental Specialties Committee held its inaugural meeting on January 22, 1988 at the CDA building in Ottawa.

ITEMS REQUIRING BOARD ACTION

2. Formation of Umbrella Specialty in Orofacial Diagnostic Sciences

The Committee reviewed the history which had resulted in the Continuing Education Committee of the Council on Education and Accreditation recommending the formation of an Umbrella Specialty in Orofacial Diagnostic Sciences. The Dental Specialties Committee unanimously opposed the "umbrella" concept, and noted that the Specialty sections, at the previously sponsored annual meeting of Dental Specialties, had stated their strong opposition to the recognition of oral medicine as a specialty.

RESOLVED:

- 88.48 THAT the motion to establish an umbrella specialty in Orofacial Diagnostic Sciences which was tabled at the September 1987 meeting of the CDA Board of Governors remain tabled.

ADOPTED

3. Implantology

Dr. Gaucher, representative of the Association of Prosthodontists of Canada reviewed concerns of his association regarding the prosthetic rehabilitation of implant patients.

RESOLVED:

88.49 THAT the Canadian Association of Oral and Maxillofacial Surgeons and the Canadian Academy of Periodontology suggest that their members work exclusively with licensed dentists for the prosthetic rehabilitation of implant patients, and further

THAT the Health Care Committee develop a CDA Statement in this area.

ADOPTED

4. Greenshield - CAW Union

APPENDIX I

A letter from the Canadian Academy of Periodontology to Green Shield was discussed. Changes made to the greenshield dental plan impose a restriction on services to be performed by general dentists. The Committee felt strongly that it was not appropriate for a third party to stipulate the provider of dental services.

RESOLVED:

88.50 THAT the Third Party Dental Plans Committee and the Government Relations Committee be informed that when definition of discipline of the provider in the delivery of insured services is a prerequisite to payment, that this fundamentally represents an unacceptable discrimination.

ADOPTED

5. Geriatric Dentistry

The Committee requested information on CDA's activities in this area. Members were informed that CDA has conducted a complete review of this area and has recommended activities to be pursued by the various Councils and Committees. The CDA feels the requirement for a specific Council/Committee is not indicated. CDA's major role is that of education and information dissemination. The Government Relations Committee has reviewed the feasibility of submitting a brief to the government in this area, with the decision to place this item on hold for the time being.

RESOLVED:

- 88.51 THAT the Executive Council of the CDA through its appropriate committees stimulate and encourage the development of a definitive policy statement on the need for augmentation of resources and the provision of improved dental health care for the geriatric population of this country.

ADOPTED

6. Qualifications and Credentials of Directors of Graduate Training Programmes in Oral & Maxillofacial Surgery

The Canadian Association of Oral and Maxillofacial Surgeons believes that a fellowship from the RCDS is the highest specialty achievement that can be obtained in Canada. The Committee was asked to endorse the concept of a requirement for Directors of graduate training programmes in Oral and Maxillofacial Surgery to have a fellowship in the RCDC. Some concern about the concept and precedent were expressed.

RESOLVED:

- 88.52 THAT the Council on Education and Accreditation be asked to consider that because of the unique characteristics of an appointment in Oral Maxillofacial surgery, that ideally directors of graduate programmes in Oral Maxillofacial surgery either possess Fellowship in the Royal College of Dentists of Canada in Oral Maxillofacial surgery or obtain it within two years of becoming a director.

ADOPTED

7. Specialty Certification in Canada

Specialty certification in Canada was discussed and the need for additional dialogue on this issue by all concerned parties was confirmed.

RESOLVED:

88.53 THAT consideration be given to developing a forum to bring together all the various groups interested in sponsoring a linked standard of specialty certification on a national basis, and further

 THAT any costs associated with this proposal would be borne by the participants.

ADOPTED

DIRECTION: Referred to the Council on Education and Accreditation for further review and recommendation.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

8. Infection Control

The Committee reviewed the CDA Recommendations for Infection Control approved by the Executive Council in November, 1987. Concern was expressed regarding the reference to antibiotic prophylaxis and it was agreed that the Committee on Health Care be asked to review this item specifically the rationale or documentation in support of this procedure versus the contra-indications in AIDS patients.

The Committee was informed that the existing documentation on Infection Control would be reviewed on the second day (closed session) of the CDA Conference on Infection Control in February. Members stressed the importance of developing specific and not just general guidelines for the dental practitioner and requested that they be authorized by Executive Council to send a representative to the February conference.

Concern were also raised with respect to the Guidelines for Sterilization Procedures in Hospital Dental Departments, specifically item 3 (reference to gloved and ungloved hands) and item 7 (reference to air-water syringes), adopted in 1984. The Committee's concerns will be brought to the attention of the Council on Hospital and Institutional Services.

9. CDA Liability Insurance - Coverage for Specialty Groups

The feasibility of the Executives of specialty groups obtaining insurance coverage through the umbrella of CDA coverage or sponsorship was discussed. A letter received from the CDA broker states that specialty groups could not be covered by CDA's existing policies. It was agreed, that the feasibility of amending the CDA policy to provide such coverage would be investigated.

10. Dental Awareness Program - Input from Specialists

The Dental Awareness Program was discussed and the consulting process reviewed. It was requested that the names of resource persons from specialty sections who are willing to assist with the program be submitted to the CDA with respect to particular topics.

11. Publication of Specialty Executives in the CDA Journal

Members expressed an interest in publishing the names of the Executive of the Specialty Groups. It was agreed that the Journal be requested to do so at the same time every year for all specialty groups, preferably in the November issue.

Respectfully submitted,

James N. Wright
Chairman

ADOPTION OF REPORT

The Board of Governors accepts the report of the Dental Specialties Committee with appreciation.



APPENDIX I

CANADIAN ACADEMY OF PERIODONTOLOGY
ACADEMIE CANADIENNE DE PERIODONTOLOGIE
OFFICE OF THE PRESIDENT • BUREAU DU PRESIDENT
KEN HERSHENFIELD D.D.S., M.Sc.D.

October 26, 1987

Dear Green Shield:

The Board of Directors and members of the Canadian Academy of Periodontology are disturbed by the proposed changes in dental insurance coverage for CAW members employed by Chrysler Canada.

The covered services being limited should not be the exclusive domain of specialists. In dental schools, general dentists as well as specialists are trained and encouraged to carry out these treatments. Unfortunately, your actions could result in needed work being left undone because the financial barriers that you are creating will reduce the number of these procedures performed by general practitioners, and because there are not enough certified specialists available to provide this type of care in the areas where the workers are concentrated. Over the long term, your decision will surely result in more serious dental problems for the union members and the need for more advanced and more expensive treatment.

We know that these types of treatment are extremely important in preventing disease and in restoring health and comfort. A good case in point is with respect to code 43400 - periodontal scaling and root planing. This type of procedure is without doubt the most important treatment available for the prevention and control of periodontal diseases. "An ounce of prevention is worth a pound of cure". In limiting coverage for code 43400 and the other codes you will be endangering the dental health of the union workers and increasing your long term liabilities. Please reconsider your decision.

Sincerely yours,

Ken Hershenfield
President
Canadian Academy of Periodontology

/ac

c.c. Canadian Dental Association
Provincial Dental Organizations
Dental Insurance Carriers
CAW
Provincial Licencing Bodies
National Specialty Organizations

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members:	Dr. J. Gryfe, Chairman, Weston Dr. E. MacSween, Ottawa Mr. J. Neilson, Ottawa
Associated Committee Chairmen:	Dr. B.W. Holmes, Kenora - M.S.B. Dr. R.N. Hicks, Vancouver - Taxation
Executive Liaison:	Dr. D.E. MacFarlane
Coordinator:	Mrs. Sandra Deziel

Committee Meetings and Liaison Activities

1. Periodic meetings have been held with various CDA personnel and government officials over the past six months. These meetings reflect the ongoing policy of this Committee to create and expand the visibility of CDA at the federal level in the hope of increasing the credibility of CDA as the voice of dentistry in Canada.

APPENDIX I

2. Acts of participation in support of government bills like C-51 and C-204 on tobacco advertising have aided in the reinforcement of this credibility.
- +3. Negotiations continue with federal officials with a view to creating a cooperative program involving Health & Welfare to distribute to both the profession and the public AIDS related information.
4. The participation of CDA by invitation of Health & Welfare in March of 1988 to assist in the formulation of national guidelines for the approval of interosseous dental implants should be noted with satisfaction by this Board.
5. Dr. E. MacSween, representing the CDA, attended the first meeting of the Steering Committee on Dental Health Promotion sponsored by Health and Welfare Canada in Ottawa on March 29-30, 1988. This is an advisory group to Health and Welfare and is composed of representatives from federal and provincial and consumer associations. The mandate of this committee is to develop a set of Canadian goals and objectives for dental health and recommend strategies for achieving the objectives within the framework of the Epp Report.

ITEMS REQUIRING BOARD ACTION

6. With a view to enhancing the positive profile of CDA further, in both the eyes of the profession (nationally and internationally) as well as taking advantage of the cooperative involvement with the government agency (CIDA).

RESOLVED:

- 88.54 That the CDA formally create a subsection within the Government Relations Committee for the sole purposes of organizing, managing and promoting the concepts of CIDA/CDA sponsored projects in foreign countries, and further

THAT the first coordinator of the subsection be a CDA staff person whose role in this regard be officially recorded and listed on official and appropriate CDA documents.

APPENDIX II

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

In closing I wish to thank Dr. MacSween, Mrs. Deziel, Mr. Neilson for their continuing support and invaluable advice.

Respectfully submitted,

Jack H. Gryfe, D.D.S., Chairman
Government Relations Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Government Relations Committee with appreciation.

GOVERNMENT RELATIONS

APPENDIX I

SUMMARY OF ON-GOING ACTIVITIES

Schedule of activities and meetings for the period February to June 1988

CDA REP.	DATE	ORGANIZATION	PERSONS	TITLE	PURPOSE
R.N. Hicks	Mar. 25	Finance	M. Sabia B. Wurts		Sales Tax - Oral Health Services
E. MacSween	Mar. 29-30	Health & Welfare			Steer. Cttee Dental Health
J. Gryfe/ J. Neilson	April 14	Canadian Public Forum			Testimonial Dinner -
CDA Dirs./ Ex. Dir.	April 18	Canadian Hospital Assn.		Directors/ Ex. Dir.	Information Sharing
J. Gryfe	Apr.18-20	Issues Ottawa	Niagara Institute (Various gov't speakers)	Seminar -	Working Effectively in Ottawa
S. Deziel	April 25	Canadian Medical Association	L. Blain	Asst.Dir.Comm. & Gov. Rel.	C-51/C-204 Lobby Globe & Mail Ad
S. Deziel/ J. Neilson	April 27	CILA	J. Lepine D. Legris	Director Sr. Prog.Cff.	CDA Involvement C.I.D.A.

- 2 -

CDA REP.	DATE	ORGANIZATION	PERSONS	TITLE	PURPOSE
J. Gryfe/ E. MacSween/ S. Deziel/ J. Neilson	April 29	Impacts Management Inc.	J. Donnelly	CIDA Consultant	CIDA/ CDA
S. Deziel	May 3	Non-Smokers' Rights Assn.	G. Mahood	Exec. Dir.	C-51/C-204 Tobacco Lobby
S. Deziel	May 6	Consumer & Corporate Affairs	S. Green	Examiner	CDA By-Laws
R.N. Hicks	May 25	Finance	M. Sabia B. Wurts		Sales Tax Coral Health Services

APPENDIX II

The Canadian International Development Agency (CIDA) is a federal agency which assists in funding international projects that allow for the sharing of Canadian expertise in foreign countries. CDA's participation in this area over the last decade has been primarily in the Carribean and virtually unknown to most Canadian dentists. The success of applications to CIDA has been sporadic and has not reflected positively on the commitment of CDA to the objectives of CIDA's philosophy.

After review of our previous involvement and assessment of future objectives, it is felt that organized ongoing policy for participation with CIDA should be developed and pursued by CDA.

In order that our credibility be enhanced at CIDA, it would be necessary to establish an organizational structure officially within CDA that could be identified as the coordinator and manager of this policy. In its initial stages, this structure need not be more than a name i.e. the CDA/CIDA Managing Committee and the day-to-day activities could be directed by CDA staff person. At present, Mrs. Sandra Deziel has the most expertise in this area, and I would suggest that in the event of this policy being undertaken, she become the coordinator.

COMMITTEE ON HEALTH CARE

REPORT TO THE 1988 CDA BOARD OF GOVERNORS MEETING

Committee Members: Dr. A. Toeman, Chairman, Montreal
Dr. T. Fantin, Trail
Dr. D. Sage, Woodstock

Executive Liaison: Dr. B. Sigfstead, Edmonton

Coordinator: Ms. J. Forsythe

1. Committee Meeting

Since no committee meeting had been scheduled for the spring, the members, and many other experts, were polled for their comments on the attached draft policies. A full meeting will be held in the Fall and a more comprehensive report will be presented to the 1989 Interim Board meeting.

ITEMS REQUIRING BOARD ACTION

2. CDA Position on Denture Mechanics

APPENDIX I

Due to the current pressure being placed by denture mechanics on various provincial governments to allow them to prepare partial removable dentures, the Committee on Health Care has moved quickly to provide the provinces with a comprehensive position on which it can base submissions to government.

RESOLVED:

88.55 THAT the CDA Position on Denture Mechanics presented in Appendix I be accepted by the Board of Governors as amended.

ADOPTED

3. General Anaesthesia Principles

APPENDIX I

As directed at the last Board of Governors meeting, the Committee has redrafted "Principles for the Use of General Anaesthesia and Neurolept-Analgesia/Heavy Sedation in the Dental Office". This has been a difficult issue for the Committee to deal with as opinion varies widely across the country. The new draft has been prepared both in the context of discussion at the Interim Meeting of the CDA Board of Governors and in the light of advice from prominent Canadian oral and maxillofacial surgeons. These individuals all have lengthy experience with respect to quality assurance in anaesthesia and are familiar with the University of Toronto training program in Dental Anaesthesia and the record of success of its graduates.

RESOLVED:

88.56 THAT "The Principles for the Use of General Anaesthesia and Neurolept-Analgesia/Heavy Sedation in the Dental Office", as outlined in the revision to Appendix II, be adopted by the Board of Governors.

ADOPTED**3. Appreciation**

I must extend sincere appreciation to CDA Staff members Mr. Brian Henderson and Ms. Janice Forsythe, as well as to the Committee members and Executive Liaison, for their assistance in expediting the resolution of these two crucial issues.

Respectfully submitted,

Andrew Toeman, D.D.S., Chairman
Committee on Health Care

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Health Care with appreciation and compliments the Committee on its work at arriving at a solution acceptable to all.

APPENDIX I

CDA Position on Denture Mechanics*

The dental profession supports the concept of an oral health care delivery team and the use of dental auxiliaries, within specified parameters, to expand opportunities for oral health care and reduce costs.

The Canadian Dental Association (CDA) is concerned with standards of oral health care delivery in Canada and recognizes the initiative of provincial governments and other groups toward defining and rationalizing the duties of all types of health care workers and their working relationships. This position paper is formulated in an effort to avoid decisions being made that may compromise the quality of patient care.

CDA believes that any definition of the relationship of the dentist and the denture mechanic must respect the following principles of patient care:

1. The dentist directs the oral health care delivery team because he or she is prepared and qualified to provide a comprehensive differential diagnosis of oral health status, to plan and render treatment and to refer patients, as required, to another licensed dentist or physician, or to delegate patients for specific treatment to a recognized dental auxiliary.
2. Adequate primary oral health assessment requires a comprehensive differential diagnosis and treatment planning.
3. Prosthodontics is one discipline within the general field of dentistry and various kinds of dental prosthesis may be indicated by a differential diagnosis.
4. Comprehensive patient oral health care cannot be achieved if the denture mechanic is an independent practitioner not subject to the direct supervision of a dentist.

It is important that the dentist examine a patient with a prosthesis requiring repair, as problems with a prosthesis may be related to a pathological cause.

Because of the wide range of dental technology available today, including the use of osseointegrated implants, dentists are the only professionals in a position to assess the particular form of prosthesis required.

Accordingly, CDA does not support denture mechanics as independent workers who may fabricate, relin, or repair upper or lower complete dentures or other oro-facial prosthetic devices.

* Technicians working directly with the public for the fitting/preparation of dentures have different names in different provinces, such as Denture Therapist, Denturologist, etc. This position paper is intended to apply to any auxiliaries performing maxillary and mandibular complete denture prosthetic procedures.

CDA notes that denture mechanics are engaged in active lobbying across Canada to obtain the right to make complete dentures, immediate dentures, removable partial dentures and other prosthetic devices. The Canadian Dental Association urges provincial authorities to respect the principles outlined above and to support the concept of denture mechanics working as members of the dental health care team under the direct supervision of a licensed dentist.

CDA is especially concerned that denture mechanics have asked provincial governments for the right to make partial dentures. Since partial dentures require support from adjacent teeth and function closely with supporting teeth and gingivae, a dental assessment of oral tissue is absolutely vital.

A removable partial denture is, in fact, a periodontal prosthesis; that is, it has direct, active and ongoing effect on the foundation support for the remaining teeth in the dentition. Preparation of a partial denture is not a one-time mechanical act, but requires ongoing monitoring and adjustment, and modification, if necessary. Improper preparation or adjustment can lead to the unnecessary and premature loss of natural teeth.

The design of the partial denture and its attachment(s) to the remaining natural teeth has great significance to the long-term periodontal prognosis of the remaining natural teeth. If the partial denture is not designed to allow the patient to maintain plaque control around the gingival margins of the remaining natural teeth, the partial denture can actually contribute to further tooth loss due to plaque accumulation and periodontal disease.

The design of cast metal removable partial dentures also requires careful attention to concepts of stress distribution. To accomplish proper stress distribution to the remaining natural teeth, recesses must be prepared in their enamel to receive the metal components of the removable partial denture. Only a licensed dentist is qualified to carry this out.

Removable partial denture treatment thus presents complex oral, biological and biomechanical problems. The education of dentists prepares them to deal with these complex oral rehabilitation problems. Quality assurance in prosthodontic care can only be achieved when the principles of patient care outlined above are recognized and supported by government.

In view of all of the above, it is clear that only a licensed dentist should be responsible for the preparation/fitting of partial dentures.

This Position Statement, as adopted by the CDA Board of Governors, is based upon the most recent information available in dental scientific literature and, in particular, in prosthetic technology, as followed not only in Canada, but in the United States and the rest of the developed world.

Accordingly, it is the view of the Canadian Dental Association, that dental technicians should not be involved in the direct delivery of services.

Board of Governors
August, 1988

APPENDIX II

Canadian Dental Association Committee on Health Care

PRINCIPLES GOVERNING GENERAL ANAESTHESIA AND NEUROLEPT-ANALGESIA/HEAVY SEDATION IN A DENTAL OFFICE

Definition of Terms:

- (a) General Anaesthesia: a wide range of techniques and modalities that produce the full loss of consciousness;
- (b) Neurolept-analgesia/Heavy Sedation: intravenous administration of drugs with the intent to impair consciousness beyond a light sedation level.

Principles:

1. The above techniques in a dental office must be administered in accordance with provincial guidelines. Where these do not exist, provincial dental licensing authorities are encouraged to undertake their development as soon as possible.
2. A dentist who chooses to administer general anaesthesia or neurolept-analgesia/heavy sedation shall be a qualified oral and maxillofacial surgeon or have taken a provincially recognized, university-level degree or diploma program in anaesthesia, which includes both didactic and clinical training.
3. The above techniques must be administered in a team context (see Principle 4). The presiding dentist must accept responsibility for the adequacy of equipment and facilities, including: emergency management equipment, monitoring protocol, and the qualifications of the members of the team.
4. The team will conform with provincial requirements and will consist of at least four members, as follows:
 - (a) a qualified dentist;
 - (b) a qualified anaesthetist or, if the dentist satisfies the requirements outlined in principle 2 above, a qualified registered nurse whose primary function is patient monitoring;
 - (c) a dental assistant, whose primary function is to keep the oral operative field free of blood, mucous and debris which could interfere with the patient's airway and quality of respiration; and
 - (d) a separate office assistant, whose primary function is to ensure that the team can function without disturbance.

MANAGEMENT COMMITTEE

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members: Dr. Ron J. Markey, Chairman, Vancouver
Dr. Jack Niedermayer, Regina
Dr. John R. Robertson, Summerside
Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

Since the 1988 Interim Meeting of the Board of Governors, the Management Committee has met once, on June 7, 1988.

ITEMS REQUIRING BOARD ACTION

2. 1989 Budget

At the 1988 Interim Meeting of the Board, notice was given concerning an increase in the 1989 fees, to be determined by the Executive Council at its June budget planning session.

Management Committee reviewed a preliminary proposal for the 1989 Budget based on a 3.4% increase in active fees for 1989. This initial proposal did not allow for growth of priority programs or new initiatives, some of which had already received approval in principle by the Board of Governors.

On June 8, a special Executive budget planning session was convened to review CDA priorities, their resource needs and revenues required to meet CDA's goal of a balanced budget for 1989. Appended is a listing of 1989 programs and project requests considered by Executive Council, and the resource allocation decisions. Items identified could not be funded from the preliminary budget proposal reviewed by Management.

APPENDIX

RESOLVED:

88.57 THAT the 1989 budget be approved, inclusive of a \$25.00 increase in the fees for active members for 1989, which has been incorporated into the revenue statements.

ADOPTED

All other fees, exclusive of corporate member and licensing body fees, will increase proportionately. The increase brings the total fee for active members for 1989 to \$315.00, an increase of 8.6% over 1988.

3. Compensation for the CDA Vice-President

Compensation for the newly established position of Vice-President was discussed. It was noted that by-law requirements necessitate the appointment of an additional member to Executive Council when the first Vice-President is elected at the Interim Board in 1989 - thus bringing Executive Council membership to ten (10).

The following are the compensation recommendations for management members during the transition to the new Management structure:

RESOLVED:

88.58 THAT the Vice-President elected at the 1989 Interim Board not be paid an honorarium until he assumes the office of President-Elect, and further that he receive per diems at the Executive Council level for the same period.

THAT effective as of the elections at the 1989 Annual Meeting of the CDA Board of Governors, the Vice-President and Past-President receive 50% of the honorarium rate of the President-Elect, and further that this remain in effect until the 1990 Annual Board Meeting.

THAT effective as of the 1990 Annual Meeting of the Board, the Past-President receive no honorarium, and the Vice-President receive honorarium compensation equal to that of the President-Elect.

ADOPTED

Management Committee meetings during 1989 have been reduced to one-day meetings; this action will offset cost implications of the new structure.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. 1989 Honoraria and Per Diems

The appended rates for 1989 Honoraria and Per Diems have been approved, with the proviso that they reflect CPI but do not exceed 4% over 1988 rates.

APPENDIX II

5. Building Contingency Reserve Fund

Management reviewed the existing policy for the building contingency reserve fund and a statement provided on the Fund's status, showing a current balance of \$27,007.20. Pending the outcome of the space requirements analysis, Management agreed to the need for this fund, and revised the current policy to allow for the following:

- In a year of surplus, then \$20,000 plus a portion of the surplus could be transferred to the Fund. In years not producing a surplus, the transfer of \$20,000. to the Fund would be optional.

APPENDIX III

Executive Council approved the revised terms of reference as appended.

6. Space Requirements Analysis

A preliminary Space Requirements Analysis Report, prepared by Kemper Realty Inc., was reviewed by Management. The financial impact of four options outlined below was examined:

1. Remain at 1815 Alta Vista Drive;
2. Move, selling the building, and build elsewhere;
3. Move, selling the building, and buy elsewhere;
4. Move, selling the building, and lease space elsewhere.

Correspondence from the City of Ottawa concerning zoning restrictions on allowable occupants of the CDA building was considered. This correspondence indicates that an expansion of the existing restrictions will soon be confirmed. The expansion will allow the CDA building to house "professional offices, excluding a medical or dental facility".

On recommendation of Management, Executive Council has directed that an in-house group comprising Messrs. Neilson and Neal pursue the options identified, including further investigation of the feasibility of Alta Vista Drive as a location. More clearly defined options will be presented for further consideration at the August Executive Council meeting. The philosophical question of ownership vs rental from the members' point of view will be considered.

The Board of Governors will be kept informed of developments on an ongoing basis, and any recommendations forthcoming will be presented at a future meeting of the Board.

7 CDA Expense Policy Review

The current CDA Expense Policies were reviewed by Management Committee. The policies were amended to reflect CDA coverage of economy airfare only where seat sales are not available.

APPENDIX IV

8. CDA Mortgage Loan

The mortgage loan on the CDA building has been paid out to a zero balance. However, the mortgage has not been discharged in order that it may serve as collateral for a \$400,000 line of credit, which has been confirmed by the Toronto Dominion Bank.

9. Fee Increase - Affiliate Members

The Corporate members of CDA pay a corporate fee (\$10.00) to CDA on behalf of their members who are CDA members. The Membership Committee has been asked to review the affiliate membership fee and recommend if the addition of a similar amount is justifiable.

10. Equipment Report

A report on CDA equipment was reviewed by Management and is appended for the Board's information.

APPENDIX V

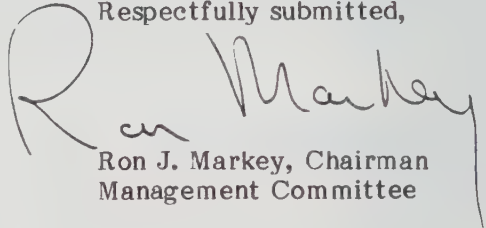
11. ACFD 1989 Biennial Meeting

A sum of \$500.00 has been granted to the ACFD to sponsor a social function during the ACFD 1989 Biennial Meeting. The meeting is being held at the University of Western Ontario, and coincides with the 25th Anniversary of the Faculty of Dentistry at Western.

12. CDA RSP Financial Statements

The Financial Statements for the CDA RSP will not be available until the end of June. The Executive Council has authorized the Management Committee to approve the statements on behalf of the Board of Governors, to allow for distribution of the CDA RSP Annual Report to all participants by the end of July.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Ron Markey". The signature is written in a cursive style with a large initial "R".

Ron J. Markey, Chairman
Management Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Management Committee with appreciation.

The following are programs and projects recommended by various Councils, Committees and staff which could not be funded from the preliminary budget. Executive Council reviewed each of the programs and recommended approval of those projects which are in keeping with agreed to priorities.

PROGRAM/PROJECTS	AMOUNT	APPROVED BY EXECUTIVE	NOTES
Dialogue in Dentistry	\$40,000	\$40,000	Approved in principle by the Board. Priority endorsed by Executive. Provincial commitment outlined in Third Party Report.
Educ. & Accr. - Staff person	\$50,000	\$50,000	To alleviate workload in Accreditation Dept. and make possible more effective utilization of senior staff.
Convention Coordinator on Staff	\$25,000	Nil	To be incorporated with Convention Budget.
Journal Administrative Assistant on Staff	\$25,000	\$25,000	To meet needs of increased in-house preparation of Journal.
Preferred Provider Program (Third Party Project)	\$20,000	\$20,000	Priority endorsed by Executive.
Public Awareness Film	\$50,000	Nil	Potential funding through CDF or CFDE.
Readership Survey - Journal	\$3,500	3,500	Required to monitor Journal effectiveness as a communication vehicle. Evaluate improvements, and develop new thrusts.
Membership Certificates	\$15,000	\$15,000	Provide along with CDA membership. Marketing impact.
Expanded Government Relations Program	\$15,000	\$15,000	Pro-active role of new Committee. Committee members outside Management.
Taxation Activities Legal Fees - Sales Tax Reform	\$10,000	Nil	\$10,000 allocated to Committee from existing unallocated legal budget for 1989.
Desk Top Publishing Equipment	\$25,000	Nil	To be purchased from existing equipment budget.
DAT Workshop	\$9,000	\$9,000	Examine new ADA scoring system re Canadian adoption.

PROGRAM/PROJECTS	AMOUNT	APPROVED BY EXECUTIVE	NOTES
PRUC Activities - Demand data survey and monitoring proposal	\$15,000	Nil	On hold pending further clarification of proposal, submission.
Geriatrics	\$5,000	\$3,000	To be incorporated with spokesperson budget.
Management Honoraria	\$20,280	Nil	Policy decision (see Management Cttee Report). Per Diem expense offset by reducing Management Committee meetings to one day.
Welcome to the Profession Reception	\$5,000	\$5,000	To allow for continuation of existing activity - forum to be improved.
Increased Grant CFDE	\$5,000	\$5,000	Monies received from CFDE to support CDA educational projects outweigh annual donation. First increase in several years.
CDA Booth - CDA Conventions	\$20,000	\$10,000	Promotion of CDA programs/activities.
CDA Profile Video	\$50,000	Nil	Not a 1989 priority.
Electronic Data Transfer	\$100,000	Nil	\$25,000 consulting fees from 1988 Third Party Budget to develop complete plan of action.

	\$497,780	\$200,500	

APPENDIX I

CANADIAN DENTAL ASSOCIATION

1989 BUDGET

INTRODUCTION TO THE 1989 BUDGET

The following notes are intended to facilitate your review of the 1989 CDA Budget.

General

The 1989 CDA budget is a forecast based on developed activity plans, an analysis of the 1987 financial statements, the interim financial statements from the current year, and the experience of staff members in managing the programs.

A draft of the 1989 budget was presented to the Executive Council during a recent meeting in Ottawa where an entire day was set aside for budget deliberations. The budget before you is a result of those deliberations and includes projects identified as priority issues by CDA.

The financial projections contained in this budget represent the best estimates possible at this time. Programs, however, continue to evolve and assumptions change. The budget may therefore be subjected to a further review by Executive Council at the Fall Planning Session. Any changes recommended at that time will be presented to the Board of Governors at the 1989 Interim Meeting.

Presentation

The budget is presented in three sections, each with a different degree of detail. You will note that the format of the budget has changed and the references to departmental budgets having been eliminated in favour of groupings by project areas. On the revenue side, the groupings are Fees and Other; on the expenditure side, the groupings are Board and Management, Committees (& Programs), Councils (& Programs) and Administration.

Section I - This is the projected income statement showing revenue and expenditure. It shows the "bottom line" as either a surplus or (deficit).

Section II - This shows the various project areas grouped by the categories noted above.

Section III - This section provides detailed information on revenue and expenditure within each project area.

"ERR" Messages

In reviewing the budget you will notice that sometimes the letters "ERR" appear under the percentage comparison columns. This is simply an indication that one of the factors in the comparison is equal to Zero (0). Kindly ignore the "ERR" messages.

Explanatory Notes

Explanatory notes highlighting areas where significant changes have occurred have been provided. The notes refer to Section II and deal with individual project areas.

1989 BUDGET - SECTION I

26-Sep-88

(INC1989)

CANADIAN DENTAL ASSOCIATION
PROJECTED INCOME STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 1989

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
REVENUE					
FEEs	3,040,453	\$2,745,638	\$2,551,635	111%	119%
OTHER	1,187,891	1,239,963	1,104,364	96%	108%
TOTAL REVENUE	\$4,228,344	\$3,985,601	\$3,655,999	106%	116%
EXPENSE					
BOARD & MANAGEMENT	\$552,746	\$529,645	\$469,218	104%	118%
COMMITTEES (& PROGRAMS)	819,604	686,795	662,347	119%	124%
COUNCILS (& PROGRAMS)	726,393	813,161	684,475	89%	106%
ADMINISTRATION	2,122,235	1,952,110	1,802,336	109%	118%
TOTAL EXPENSE	\$4,220,978	\$3,981,711	\$3,618,377	106%	117%
NET SURPLUS / (DEFICIT)	\$7,366	\$3,890	\$37,623	189%	20%

1989 BUDGET - SECTION II

EXPLANATORY NOTES

REVENUE

Fees

Revenue from fees has been projected using the actual number of members in 1987 and factoring in the 1989 membership fees. The fees for 1989 have been set at \$315 for the Active and Affiliate categories, \$157.50 for Supporting membership and \$19 for the Student category.

There has been no increase in either the Corporate or Licensing Body Fees.

Revenue from FDI Fees represents the difference between what CDA collects from Canadian dentists joining FDI and what is remitted to FDI on their behalf.

Other

Moderate increases, or decreases, in revenue have been projected in some areas based on activity levels.

Of note, DAT application fees have been increased but the number of applicants is expected to decline. (It should be noted that the DAT revenue in Section III shows a more accurate breakdown of application fees and material sales which was not evident in prior years.)

Revenue in the DAP/DHM area is expected to increase as a result of increased grants, the inclusion of an administration fee for projects sponsored by outside agencies and increased DHM material sales. Similarly, sales of pamphlets and other educational and patient information material is projected to bring in more revenue thus increasing the line item Information Services.

Journal advertising is expected to be up from 1987 actual figures but below the rather optimistic 1988 Budget figure.

Interest income will be down in 1989 as a result of paying down the mortgage and thus having fewer dollars to invest.

26-Sep-88

REVB1989

1989 BUDGET - REVENUE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
FEES					
Active Fees	\$2,562,840	\$2,304,630	\$2,115,336	111%	121%
Affiliate Fees	\$183,330	\$167,910	\$151,289	109%	121%
Supporting Fees	\$9,608	\$12,035	\$7,970	80%	121%
Student Fees	\$45,885	\$34,493	\$38,640	133%	119%
Corporate Fees	\$102,930	\$99,910	\$102,916	103%	100%
Licensing Body Fees	\$132,360	\$123,160	\$132,340	107%	100%
FDI Fees	\$3,500	\$3,500	\$3,145	100%	111%
Total	\$3,040,453	\$2,745,638	\$2,551,635	111%	119%
OTHER					
Accreditation Surveys	\$63,000	\$59,300	\$53,350	106%	118%
Consumer Product Recognition	\$28,000	\$28,000	\$31,000	100%	90%
D A T	\$140,000	\$165,000	\$139,120	85%	101%
DAP/DHM	\$135,000	\$104,000	\$63,597	130%	212%
Information Services	\$107,800	\$112,000	\$78,808	96%	137%
Conferences & Seminars	\$28,400	\$27,500	\$25,343	103%	112%
Journal	\$432,000	\$454,000	\$366,998	95%	118%
Property	\$188,191	\$184,163	\$181,432	102%	104%
Interest	\$65,500	\$105,000	\$134,821	62%	49%
Other	\$0	\$1,000	\$29,896	0%	0%
Total	\$1,187,891	\$1,239,963	\$1,104,364	96%	108%
GRAND TOTAL	\$4,228,344	\$3,985,601	\$3,655,999	106%	116%

EXPENDITURE

Board and Management

Again, expenses have been projected based on developed activity plans and experience. The result is moderate adjustments in most project areas.

Of note, Executive Council expenses are expected to rise modestly as a result of a change in structure. President's expenses are expected to decline slightly as some duties are delegated to other individuals. Further to this latter point, a new project area called Spokespersons has been established to fund activities of CDA official spokespersons.

Committees (& Programs)

In the area of membership, significantly more money will be spent on promoting membership not only in the voluntary provinces but also in the mandatory provinces.

An increase in the Taxation Committee budget will allow for the use of consultants as required to mount an effective lobby in this area.

The budget for the Third Party Committee has been increased substantially to cover new projects including the Dialogue in Dentistry program and a national conference on dental plans.

Councils (& Programs)

The use of 1987 actual data in the development of the 1989 budget is clearly evident here.

The Information Services budget, which incorporates the Dental Awareness program budget, is slightly lower than previous years as a result of paring the expenses of the DAP program. While the program is still actively ongoing, efforts to attract more corporate sponsorship should decrease the need for CDA "seed" money.

Administration

In the area of administration, an attempt has been made to keep any increases to inflationary levels. However, additional staff persons have been budgeted for in the Education and Accreditation and Communications departments.

The equipment budget reflects the need to acquire new equipment in a number of areas and also reflects the completed write-off of the Wang OIS, acquired six years ago.

Under property, the pay-down of the mortgage, and the elimination of interest expense, has resulted in lower property costs.

26-Sep-88

(EXPB1989)

1989 BUDGET - EXPENSE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
BOARD & MANAGEMENT					
Board of Governors	\$129,605	\$129,010	\$100,197	100%	129%
Executive Council	98,105	89,260	77,783	110%	126%
Management Committee	134,014	136,475	121,794	98%	110%
President's Expenses	62,010	72,500	65,259	86%	95%
President's Installation	15,000	15,000	14,502	100%	103%
FDI Congress	25,000	15,000	25,545	167%	98%
FDI Admin	27,100	26,000	22,869	104%	118%
Presidents & CEOs Conf.	10,912	0	11,423	ERR	96%
Secretaries Conference	0	0	544	ERR	0%
Spokespersons	5,000	0	0	ERR	ERR
Grants	20,500	18,900	18,825	108%	109%
Awards	1,500	3,500	0	43%	ERR
Unallocated Expenses	24,000	24,000	10,476	100%	229%
Total	\$552,746	\$529,645	\$469,218	104%	118%
COMMITTEES (& PROGRAMS)					
Consumer Product Recognition	\$23,367	\$16,644	\$9,294	140%	251%
Convention	0	0	2,415	ERR	0%
Dental Specialties	8,194	10,128	0	81%	ERR
Government Relations	22,504	7,215	9,700	312%	232%
Ad Hoc Com. on MSB	8,117	6,600	0	123%	ERR
Health Care	9,222	13,942	7,989	66%	115%
Membership	6,120	12,498	3,857	49%	158%
Membership Promotion	73,880	47,000	32,484	157%	227%
Publications	10,806	10,296	6,562	105%	165%
Journal Production	418,500	371,410	417,036	113%	100%
Journal Sales	85,100	102,300	75,923	83%	112%
Salaried Dentists	1,000	1,000	0	100%	ERR
Taxation	19,796	22,192	4,652	89%	426%
Third Party Plans	124,245	56,560	64,098	220%	194%
Roles & Responsibilities	1,000	1,490	5,734	67%	17%
PRUC	7,754	7,520	22,603	103%	34%
Total	\$819,604	\$686,795	\$662,347	119%	124%

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(EXPB1989)

1989 BUDGET - EXPENSE					
	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
COUNCILS (& PROGRAMS)					
Constitution & By-laws	\$1,337	\$1,000	\$263	134%	508%
Dental Materials & Devices	6,349	15,776	4,666	40%	136%
Education & Accreditation	81,986	97,056	68,143	84%	120%
School Surveys	62,450	92,300	51,946	68%	120%
DAI	136,448	139,153	120,329	98%	113%
Ethics	1,000	1,000	0	100%	ERR
Hospital Services	9,373	18,452	12,201	51%	77%
Hospital Surveys	13,750	12,600	16,957	109%	81%
Information Services	361,542	375,122	374,006	96%	97%
Nominations	0	0	17	ERR	0%
Student Affairs	52,158	60,702	35,948	86%	145%
Total	\$726,393	\$813,161	\$684,475	89%	106%
ADMINISTRATION					
Executive Staff	\$282,223	\$264,629	\$242,786	107%	116%
Education & Accreditation Staff	274,938	198,183	169,457	139%	162%
Communications Staff	489,778	409,816	340,794	120%	144%
Administration Staff	330,986	313,372	265,810	106%	125%
Legal & Consulting	17,000	7,000	17,325	243%	98%
Library (CDA Portion)	19,710	23,410	16,718	84%	118%
Operations	328,900	297,200	330,143	111%	100%
Equipment	118,500	127,000	101,638	93%	117%
Property	260,200	311,500	317,664	84%	82%
Total	\$2,122,235	\$1,952,110	\$1,802,336	109%	118%

1989 BUDGET - SECTION III

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REVB1989

1989 BUDGET - REVENUE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
FEES					
Active Fees - B.C.	\$555,030	\$473,280	\$458,155	117%	121%
Active Fees - Alberta	386,190	345,100	318,680	112%	121%
Active Fees - Saskatchewan	104,580	93,670	86,295	112%	121%
Active Fees - Manitoba	147,105	129,050	121,495	114%	121%
Active Fees - Ontario	859,950	788,800	709,811	109%	121%
Active Fees - Quebec	278,775	266,220	229,995	105%	121%
Active Fees - N.B.	63,000	57,420	52,000	110%	121%
Active Fees - Nova Scotia	113,085	102,950	93,340	110%	121%
Active Fees - P.E.I.	13,860	11,600	11,440	119%	121%
Active Fees - Newfoundland	41,265	36,540	34,125	113%	121%
Affiliate Fees - B.C.	\$1,260	\$290	\$1,040	434%	121%
Affiliate Fees - Alberta	630	0	520	ERR	121%
Affiliate Fees - Saskatchewan	0	0	0	ERR	ERR
Affiliate Fees - Manitoba	0	0	0	ERR	ERR
Affiliate Fees - Ontario	1,260	11,020	1,040	11%	121%
Affiliate Fees - Quebec	168,840	143,550	139,335	118%	121%
Affiliate Fees - N.B.	0	0	0	ERR	ERR
Affiliate Fees - Nova Scotia	315	290	260	109%	121%
Affiliate Fees - P.E.I.	0	0	0	ERR	ERR
Affiliate Fees - Newfoundland	0	0	0	ERR	ERR
Affiliate Fees - Other	11,025	12,760	9,094	86%	121%
Supporting Fees - B.C.	\$1,260	\$1,305	\$1,064	97%	118%
Supporting Fees - Alberta	630	290	520	217%	118%
Supporting Fees - Saskatchewan	0	0	0	ERR	ERR
Supporting Fees - Manitoba	0	0	0	ERR	ERR
Supporting Fees - Ontario	473	3,770	404	13%	117%
Supporting Fees - Quebec	788	2,030	650	39%	121%
Supporting Fees - N.B.	1,890	725	1,600	261%	118%
Supporting Fees - Nova Scotia	473	290	350	163%	118%
Supporting Fees - P.E.I.	0	0	0	ERR	ERR
Supporting Fees - Newfoundland	0	0	0	ERR	ERR
Supporting Fees - Other	4,095	3,625	3,382	113%	121%
Student Fees - B.C.	\$2,869	\$2,958	\$2,416	97%	118%
Student Fees - Alberta	3,743	3,448	3,146	109%	118%
Student Fees - Saskatchewan	3,496	1,785	2,938	196%	118%
Student Fees - Manitoba	2,318	2,118	1,952	109%	118%
Student Fees - Ontario	16,910	9,625	14,236	176%	118%
Student Fees - Quebec	13,224	11,743	11,139	113%	118%
Student Fees - N.B.	0	88	0	0%	ERR
Student Fees - Nova Scotia	2,831	2,730	2,391	104%	118%
Student Fees - P.E.I.	19	0	16	ERR	118%
Student Fees - Newfoundland	0	0	0	ERR	ERR
Student Fees - Other	475	0	406	ERR	117%
Corporate Fees - B.C.	\$18,780	\$17,510	\$18,780	107%	100%
Corporate Fees - Alberta	12,710	12,510	12,705	102%	100%
Corporate Fees - Saskatchewan	3,630	3,600	3,625	101%	100%
Corporate Fees - Manitoba	4,860	4,600	4,855	106%	100%
Corporate Fees - Ontario	42,350	41,110	42,345	103%	100%
Corporate Fees - Quebec	12,640	12,640	12,640	100%	100%
Corporate Fees - N.B.	2,470	2,470	2,470	100%	100%
Corporate Fees - Nova Scotia	3,640	3,650	3,643	100%	100%
Corporate Fees - P.E.I.	470	460	470	102%	100%
Corporate Fees - Newfoundland	1,380	1,360	1,383	101%	100%

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REVB1989

1989 BUDGET - REVENUE

			1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
Licensing	Body Fee	- B.C.	\$18,780	\$17,510	\$18,780	107%	100%
Licensing	Body Fee	- Alberta	12,710	12,510	12,705	102%	100%
Licensing	Body Fee	- Saskatchewan	3,630	3,600	3,625	101%	100%
Licensing	Body Fee	- Manitoba	4,860	4,600	4,855	106%	100%
Licensing	Body Fee	- Ontario	54,930	50,000	54,925	110%	100%
Licensing	Body Fee	- Quebec	29,470	27,000	29,470	109%	100%
Licensing	Body Fee	- N.B.	2,470	2,470	2,470	100%	100%
Licensing	Body Fee	- Nova Scotia	3,630	3,650	3,630	99%	100%
Licensing	Body Fee	- P.E.I.	470	460	470	102%	100%
Licensing	Body Fee	- Newfoundland	1,410	1,360	1,410	104%	100%
FDI Fees (Receipts less payments)			\$3,500	\$3,500	\$3,145	100%	111%
Total			\$3,040,453	\$2,745,638	\$2,551,635	111%	119%

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REVB1989

1989 BUDGET - REVENUE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
OTHER					
Accreditation Surveys - Colleges	\$27,500	\$25,500	\$18,600	108%	148%
Accreditation Surveys - Universitie	0	0	0	ERR	ERR
Accreditation Surveys - Hospitals	4,000	4,800	5,750	83%	70%
Accreditation Surveys - NDEB Grant	18,000	18,000	18,000	100%	100%
Accreditation Surveys - ACFD Grant	13,500	11,000	11,000	123%	123%
Product Recognition - Fees	\$28,000	\$28,000	\$31,000	100%	90%
D A T - Application Fees	\$120,000	\$165,000	\$139,290	73%	86%
D A T - Material Sales	20,000	0	(170)	ERR	-11765%
DAP/DHM - CFDE Grants	\$20,000	\$14,000	\$0	143%	ERR
DAP/DHM - Special Proj. Admin. Fee	40,000	40,000	0	100%	ERR
DAP/DHM - Material Sales	75,000	50,000	63,597	150%	118%
Info. Services - Educ. Res. Sales	\$100,000	\$100,000	\$78,438	100%	127%
Info. Services - Films	0	0	(25)	ERR	0%
Info. Services - Library Services	7,800	12,000	303	65%	2574%
Info. Services - Prac. Mgmt. Man.	0	0	92	ERR	0%
Conf. & Sem. - Teach. - CFDE Grant	\$10,000	\$10,000	\$10,000	100%	100%
Conf. & Sem. - Stud. - CFDE Grant	7,500	7,500	7,500	100%	100%
Conf. & Sem. - Annual Conv. (net)	10,000	10,000	0	100%	ERR
Conf. & Sem. - Taxation (net)	900		1,843	ERR	49%
Conf. & Sem. - SLSA - CFDE Grant			6,000	ERR	0%
Journal - Commercial Advertising	\$385,000	\$405,000	\$326,030	95%	118%
Journal - Classified Advertising	26,000	30,000	21,206	87%	123%
Journal - Subscriptions Sales	18,000	17,500	17,590	103%	102%
Journal - Reprints Sales	3,000	1,500	2,171	200%	138%
Property - Rental - O.D.S.	\$1,200	\$1,200	\$1,200	100%	100%
Property - Rental - C.C.H.A.	87,725	81,760	65,203	107%	135%
Property - Rental - Clendenning	3,150	3,150	2,888	100%	109%
Property - Rental - F.M.W.	2,856	2,310	2,447	124%	117%
Property - Rental - SEVEC	60,120	60,120	60,120	100%	100%
Property - Rental - Red Cross	0	0	23,873	ERR	0%
Property - Rental - CFDE	10,000	6,078	6,078	165%	165%
Property - Rental - Wayne Thomas	2,940		735	ERR	400%
Property - Rental - ACFD	4,440		1,170	ERR	379%
Property - Rental - Ste. 103	0	11,175	0	0%	ERR
Property - Rental - Ste. 206	0	0	0	ERR	ERR
Property - Rental - C.Ph.A.	0	0	0	ERR	ERR
Property - Rental - Parking	5,760	6,120	6,195	94%	93%
Property - Rental - Escalations	10,000	12,250	11,524	82%	87%
Interest - Term Deposits	\$40,000	\$80,000	\$96,269	50%	42%
Interest - Current Account	25,000	25,000	38,153	100%	66%
Interest - Other	500	0	398	ERR	126%
Other - Foreign Exchange	\$0	\$1,000	\$12	0%	0%
Other - Unallocated Income	0	0	29,884	ERR	0%
Total	\$1,187,891	\$1,239,963	\$1,104,364	96%	108%

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1989 BUDGET - EXPENSE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
BOARD & MANAGEMENT					
Board Of Governors/Travel	\$73,012	\$84,110	\$48,663	87%	150%
Board Of Governors/Facilities	18,645	0	22,545	ERR	83%
Board of Governors/PD	37,948	44,900	28,990	85%	131%
Executive Council/Travel	34,787	31,150	33,406	112%	104%
Executive Council/PD	49,818	47,880	34,814	104%	143%
Executive Council Expense/Travel	8,400	6,800	7,223	124%	116%
Executive Council Expense/PD	5,100	3,430	2,340	149%	218%
Management Committee/Travel	4,350	25,000	5,140	17%	85%
Management Committee/PD	13,104	33,600	11,492	39%	114%
Management Committee Expense/Travel	20,000	0	17,098	ERR	117%
Management Committee Expense/PD	14,560	0	13,184	ERR	110%
Management Committee/Honoraria	82,000	77,875	74,880	105%	110%
President's Expenses/Travel	29,250	37,500	23,243	78%	126%
President's Expenses/PD	32,760	35,000	42,016	94%	78%
President's Installation	15,000	15,000	14,502	100%	103%
F.D.I. - Congress	25,000	15,000	25,545	167%	98%
F.D.I. - Corporate Fee	24,000	23,000	22,535	104%	107%
F.D.I. - Administration	3,100	3,000	335	103%	926%
Presidents & CEOs/Travel	8,000	0	9,395	ERR	85%
Presidents & CEOs/PD	2,912	0	2,028	ERR	144%
Secretaries Conference	0	0	544	ERR	0%
Spokesperson/Travel	5,000	0	0	ERR	ERR
Grants/Sponsorship	20,500	18,900	18,825	108%	109%
Nominations, Awards & Trusts	1,500	3,500	0	43%	ERR
Unallocated Projects/Travel	20,000	20,000	9,852	100%	203%
Unallocated Projects/PD	4,000	4,000	624	100%	641%
Total	\$552,746	\$529,645	\$469,218	104%	118%

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1989 BUDGET - EXPENSE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
COMMITTEES (& PROGRAMS)					
Product Recognition/Travel	\$20,000	\$14,700	\$8,358	136%	239%
Product Recognition/PD	2,867	1,944	936	147%	306%
Product Recognition/Projects	500	0	0	ERR	ERR
Convention Committee	0	0	2,415	ERR	0%
Dental Specialties/Travel	6,500	8,500	0	76%	ERR
Dental Specialties/PD	1,694	1,628	0	104%	ERR
Government Relations/Travel	7,700	3,975	6,759	194%	114%
Government Relations/PD	6,066	3,240	2,941	187%	206%
Government Relations/Projects	8,738	0	0	ERR	ERR
Ad Hoc Com. on MSB/Travel	6,600	6,600	0	100%	ERR
Ad Hoc Com. on MSB/PD	1,517	0	0	ERR	ERR
Health Care/Travel	6,800	11,500	5,961	59%	114%
Health Care/PD	2,422	2,442	2,028	99%	119%
Membership/Travel	4,080	8,035	2,531	51%	161%
Membership/PD	2,040	4,463	1,326	46%	154%
Membership/Promotion	22,480	12,000	1,798	187%	1250%
Membership/Campaign	51,400	35,000	30,686	147%	168%
Publications Committee/Travel	7,500	9,000	5,938	83%	126%
Publications Committee/PD	3,306	1,296	624	255%	530%
Journal Prod./Translation	21,000	17,200	18,287	122%	115%
Journal Prod./Layout	65,000	90,000	81,449	72%	80%
Journal Prod./Postage	19,000	22,000	16,613	86%	114%
Journal Prod./Shipping	20,000	16,050	19,475	125%	103%
Journal Prod./Printing	280,000	204,000	267,836	137%	105%
Journal Prod./Reprinting	0	4,160	0	0%	ERR
Journal Prod./Sci. Editor Serv.	10,000	9,800	12,101	102%	83%
Journal Prod./Freelance	2,000	6,000	0	33%	ERR
Journal Prod./Photography	1,000	2,200	886	45%	113%
Journal Prod./Legal	500	0	389	ERR	129%
Journal Sales/Travel	1,600	7,260	6,680	22%	24%
Journal Sales/Sales Mgr. Comm.	14,000	16,200	11,192	86%	125%
Journal Sales/Telephone	0	5,500	0	0%	ERR
Journal Sales/Promotion	6,550	9,500	6,135	69%	107%
Journal Sales/Agency Commission	56,250	60,750	45,973	93%	122%
Journal Sales/Audit & Brokerage	1,200	1,590	133	75%	904%
Journal Sales/Mailings	1,000	0	2,907	ERR	34%
Journal Sales/Bad Debts	1,000	1,000	(2,890)	100%	-35%
Journal Sales/Miscellaneous	3,500	500	5,793	700%	60%
Salaried Dentists/Travel	1,000	1,000	0	100%	ERR
Salaried Dentists/PD	0	0	0	ERR	ERR
Taxation Committee/Travel	7,100	5,600	1,884	127%	377%
Taxation Committee/PD	2,696	2,592	624	104%	432%
Taxation Committee/Consulting	10,000	14,000	250	71%	4000%
Taxation Committee/Projects	0	0	1,895	ERR	0%
Third Party Plans/Travel	25,800	16,820	26,985	153%	96%
Third Party Plans/PD	9,945	3,240	5,967	307%	167%
Third Party Plans/Projects	45,000	16,500	17,749	273%	254%
Third Party Plans/Consultant	3,500	20,000	13,397	18%	26%
Third Party Plans/D I D (Net)	40,000	0	0	ERR	ERR
Roles & Responsibilities/Travel	1,000	1,000	3,394	100%	29%
Roles & Responsibilities/PD	0	490	2,340	0%	0%
Prof. Resource Util./Travel	5,900	5,900	16,194	100%	36%
Prof. Resource Util./PD	1,854	1,620	2,163	114%	86%
Prof. Resource Util./Consulting	0	0	4,246	ERR	0%
Total	\$819,604	\$686,795	\$662,347	119%	124%

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(EXPB1989)

1989 BUDGET - EXPENSE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
COUNCILS (& Programs)					
Constitution & By-Laws/Travel	\$1,000	\$1,000	\$263	100%	380%
Constitution & By-Laws/PD	337	0	0	ERR	ERR
Dental Mat. & Devices/Travel	5,675	13,500	3,886	42%	146%
Dental Mat. & Devices/PD	674	2,276	780	30%	86%
Educ. & Accred.(Council)/Travel	44,000	36,700	34,463	120%	128%
Educ. & Accred.(Documents)/Travel	5,850	8,100	3,712	72%	158%
Educ. & Accred.(Cont.Educ.)/Travel	3,900	10,800	2,804	36%	139%
Educ. & Accred.(Council)/PD	14,208	8,772	8,892	162%	160%
Educ. & Accred.(Documents)/PD	1,685	1,944	624	87%	270%
Educ. & Accred.(Cont.Educ.)/PD	843	1,944	624	43%	135%
Educ. & Accred./Projects	0	17,296	17,025	0%	0%
Educ. & Accred./Teach. Conf.	11,500	11,500	0	100%	ERR
School Surveys (University)/Travel	27,050	44,000	19,042	61%	142%
School Surveys (College)/Travel	17,200	24,400	20,266	70%	85%
School Surveys (University)/PD	12,425	13,600	5,063	91%	24%
School Surveys (College)/PD	5,775	10,300	7,575	56%	76%
DAT Committee/Travel	19,000	13,287	17,753	143%	107%
DAT Committee/PD	1,348	3,655	1,248	37%	108%
DAT/Chalk	14,000	26,700	36,106	52%	30%
DAT/Translation	0	0	674	ERR	0%
DAT/Printing, Promotion & Supp.	30,000	40,000	20,829	75%	144%
DAT/Shipping & Postage	14,500	16,781	13,867	86%	105%
DAT/Grading Test Papers	18,750	8,000	8,534	234%	220%
DAT/Validation	2,000	3,000	0	67%	ERR
DAT/Fee For Service	10,000	11,000	10,415	91%	96%
DAT/Users Fee	1,000	1,600	0	63%	ERR
DAT/Chalk Graders	11,850	12,460	10,901	95%	109%
DAT/Interview Workshop	5,000	2,670	0	187%	ERR
DAT/Workshop	9,000	0	0	ERR	ERR
Ethics/Travel	1,000	1,000	0	100%	ERR
Ethics/PD	0	0	0	ERR	ERR
Hosp. Services/Travel	7,000	13,900	9,003	50%	78%
Hosp. Services/PD	2,373	4,552	3,198	52%	74%
Hospital Surveys/Travel	9,900	9,900	12,833	100%	77%
Hospital Surveys/Survey PD	3,850	2,700	4,124	143%	93%
Info. Services/Travel	8,000	10,680	11,374	75%	70%
Info. Services/PD	2,542	2,442	2,652	104%	96%
Info. Services/NDHM	75,000	75,000	118,913	100%	63%
Info. Services/DAP-Consulting	135,000	150,000	146,458	90%	92%
Info. Services/DAP-Admin.	21,000	22,500	0	93%	ERR
Info. Services/Pamphlet Expense	80,000	80,000	58,088	100%	138%
Info. Services/News. & Comun.	40,000	30,000	36,520	133%	110%
Info. Services/Press Clippings	0	1,500	0	0%	ERR
Info. Services/Film Distribution	0	3,000	0	0%	ERR
Nominations/Travel	0	0	17	ERR	0%
Nominations/PD	0	0	0	ERR	ERR
Student Affairs/Travel	12,900	19,970	8,593	65%	150%
Student Affairs/PD	2,608	5,382	2,028	48%	129%
Student Affairs/Translation	0	0	45	ERR	0%
Student Affairs/Shipping & Postage	0	0	997	ERR	0%
Student Affairs/Promotion	7,700	7,000	8,374	110%	92%
Student Affairs/Receptions	9,500	9,500	4,030	100%	236%
Student Affairs/Awards	850	850	0	100%	ERR
Student Affairs/Pract Mgt Manual	6,600	6,000	0	110%	ERR
Student Affairs/Student Conf.	12,000	12,000	11,880	100%	101%
Total	\$726,393	\$813,161	\$684,475	89%	106%

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1989 BUDGET - EXPENSE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
ADMINISTRATION					
Exec. Staff/Payroll	\$206,569	\$188,400	\$168,921	110%	122%
Exec. Staff/Benefits-Transfer	41,654	36,579	34,580	114%	120%
Exec. Staff/Temporary	1,000	2,500	1,165	40%	86%
Exec. Staff/Misc. Expenses	0	500	616	0%	0%
Exec. Staff/Travel - Exec. Dir.	30,000	30,000	34,336	100%	87%
Exec. Staff/Travel - Other	3,000	6,650	3,168	45%	95%
Ed. & Accred. Staff/Payroll	\$224,452	\$155,600	\$133,423	144%	168%
Ed. & Accred. Staff/Benefits-Trans	37,486	23,783	26,761	158%	140%
Ed. & Accred. Staff/Temporary	2,000	2,000	24	100%	8333%
Ed. & Accred. Staff/Misc. Expenses	500	500	0	100%	ERR
Ed. & Accred. Staff/Travel - Dir.	8,000	9,600	9,237	83%	87%
Ed. & Accred. Staff/Travel - Other	2,500	6,700	11	37%	21777%
Commun. Staff/Payroll	\$375,608	\$312,500	\$291,273	120%	129%
Commun. Staff/Benefits-Transfer	61,170	47,566	33,747	129%	181%
Commun. Staff/Temporary	12,000	17,000	6,059	71%	198%
Commun. Staff/Misc. Expenses	1,000	700	(27)	143%	-3701%
Commun. Staff/Travel - Dir.	10,000	10,000	7,777	100%	129%
Commun. Staff/Travel - Other	30,000	22,050	1,965	136%	1527%
Admin. Staff/Payroll	\$272,084	\$259,700	\$226,066	105%	120%
Admin. Staff/Benefits-Transfer	43,902	39,172	31,024		
Admin. Staff/Temporary	9,500	9,000	5,866	106%	162%
Admin. Staff/Misc. Expenses	500	500	150	100%	334%
Admin. Staff/Travel - Dir.	2,500	2,000	2,506	125%	100%
Admin. Staff/Travel - Other	2,500	3,000	199	83%	1258%
Staff/Pension-Employer Paid	50,786	35,200	17,809	144%	285%
Staff/Canada Pension Plan	10,157	14,500	11,218	70%	91%
Staff/Unemployment Insurance	12,666	20,200	19,929	63%	64%
Staff/O.H.I.P.	13,120	13,000	7,526	101%	174%
Staff/Blue Cross	7,155	8,000	5,578	89%	128%
Staff/Group Plan CDSPI/53745	7,114	6,000	6,104	119%	117%
Staff/Group Plan CDSPI/53744	46,685	32,000	26,396	146%	177%
Staff/Group Plan CDSPI/Des.Mgrs.	6,889	5,000	9,004	138%	77%
Staff/Training	6,120	3,000	1,353	204%	452%
Staff/Personnel Advertising	2,600	2,500	12,443	104%	21%
Staff/Misc. Benefits	520	500	1,052	104%	49%
Staff/Special Benefits	8,400	7,200	7,700	117%	109%
Staff/Transfer Accounts-Exec	(41,654)	(36,579)	(34,580)	114%	120%
Staff/Transfer Accounts-Ed. & Accr	(29,486)	(23,783)	(26,761)	124%	110%
Staff/Transfer Accounts-Commun.	(57,170)	(47,566)	(33,747)	120%	169%
Staff/Transfer Accounts-Admin.	(43,902)	(39,172)	(31,024)	112%	142%
Legal & Consulting	17,000	7,000	17,325	243%	98%
Library/Medline	11,000	11,000	6,868	100%	160%
Library/Equip. Rental	0	770	0	0%	ERR
Library/Supplies & Services	3,100	2,200	0	141%	ERR
Library/Interlibrary Loans	5,200	9,000	9,290	58%	56%
Library/Membr. & Seminar Fees	320	220	467	145%	68%
Library/Translation	90	220	93	41%	97%

26-Sep-88

(EXPB1989)

1989 BUDGET - EXPENSE

	1989 Budget	1988 Budget	1987 Actual	1989 Budget /1988 Budget	1989 Budget /1987 Actual
Operations/Office Supplies	60,000	36,000	54,193	167%	111%
Operations/Postage	67,600	65,000	33,855	104%	200%
Operations/Shipping And Delivery	15,600	15,000	8,972	104%	174%
Operations/Memberships & Subs.	500	500	0	100%	ERR
Operations/Photography	500	500	935	100%	53%
Operations/Admin. Charges	3,100	3,000	5,148	103%	60%
Operations/Bad Debt Expense	0	0	2,250	ERR	0%
Operations/Misc. Office Expenses	5,000	6,000	4,440	83%	113%
Operations/Meeting Supplies	0	4,000	0	0%	ERR
Operations/Telephone	72,800	70,000	125,282	104%	58%
Operations/Translation	15,600	15,000	14,023	104%	111%
Operations/Printing	60,000	43,000	48,954	140%	123%
Operations/Duplicating	0	12,000	10,949	0%	0%
Operations/Insurance-Exec Acc.	600	1,200	69	50%	873%
Operations/Insurance-Errors & Omm.	9,000	0	0	ERR	ERR
Operations/Insurance-Gen Liab	4,600	15,000	12,073	31%	88%
Operations/Insurance-Group Acc.	3,500	0	0	ERR	ERR
Operations/Audit And Financial	10,500	11,000	9,000	95%	117%
Office Equipment/Purchases	56,000	40,000	75,480	140%	74%
Office Equipment/Rental	35,000	30,000	0	117%	ERR
Office Equipment/Maintenance	25,000	24,000	0	104%	ERR
Office Equipment/Dep'n Expense	0	25,000	25,186	0%	0%
Office Equipment/Software	2,500	2,000	973	125%	257%
Office Equipment/Supplies	0	6,000	0	0%	ERR
Property/Dep'n Expense - Bldg	57,200	50,000	57,174	114%	100%
Property/Mortgage Interest	0	55,000	46,157	0%	0%
Property/Realty Tax	60,000	60,000	51,969	100%	115%
Property/Light, Heat & Water	57,000	55,000	51,433	104%	111%
Property/Insurance-Building	5,800	6,000	5,427	97%	107%
Property/Plumbing & Electrical	2,000	2,000	0	100%	ERR
Property/Bldg. Main.-Supplies	5,000	10,000	0	50%	ERR
Property/Bldg. Main.-Cleaning	20,000	19,000	17,519	105%	114%
Property/Bldg. Main.-Security	2,000	2,500	1,480	80%	135%
Property/Fire Inspection	500	500	0	100%	ERR
Property/Grounds Main.-Supplies	500	500	0	100%	ERR
Property/Grounds Main.-Labour	11,000	15,000	10,131	73%	109%
Property/HVAC	20,000	20,000	34,029	100%	59%
Property/Renovations	10,000	10,000	42,336	100%	24%
Property/Warehouse Rent	4,200	0	0	ERR	ERR
Property/Legal	3,000	3,000	0	100%	ERR
Property/Miscellaneous	2,000	3,000	11	67%	18116%
Total	\$2,122,235	\$1,952,110	\$1,802,336	109%	118%

APPENDIX II

1989 Per Diem and Honoraria Rates

The honoraria rates for 1989 will be as follows:

President:	\$40,560
Past-President:	\$20,280
President-Elect:	\$20,280

The per diem rates for 1989 be as follows:

	President, Past-President, President-Elect, Chairmen of the <u>Board</u>		Vice-President Executive Council <u>Members</u>		Committee/Council Chairmen and Presidential Appointees) <u></u>	
	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>
<u>Meeting Days</u>						
Mon. to Fri.	728	364	510	256	336	168
Sat.-Sun.	364	182	256	128	168	84
<u>Travel Days</u>						
Mon. to Fri.	728	364	510	256	336	168
Sat.-Sun.	0	0	0	0	0	0

(Based on 4% increase)

June 1988

APPENDIX III

EXISTING

CANADIAN DENTAL ASSOCIATION BUILDING CONTINGENCY RESERVE FUND

TERMS OF REFERENCE

In accordance with a resolution passed by Executive Council in November, 1982, a Building Contingency Reserve will be established upon approval of the following terms of reference.

In the years of a recorded excess of revenue over expenses at the end of each CDA fiscal period, a transfer, authorized by the Executive Council, shall be made from the surplus to a separate cash account and such amounts shall be allowed to accumulate to a maximum of \$100,000.

The authorized amount in 1982 is \$20,000. The intent is that interest earned by the fund shall be credited to the fund account until the maximum is reached and thereafter shall accrue to the general fund account as an offset to the building maintenance expense.

Payments shall be made from the fund for major expenses relating to the building. Major expenses are not recurring cyclical expenses, but are designated as one-time expense items, in excess of \$1,000, of which the benefit would extend over more than one accounting period.

Proposed payments from the fund for expenses must be authorized by the Executive Council.

Approved - Executive Council (Jan. 28/83)

PROPOSED

APPENDIX III

CANADIAN DENTAL ASSOCIATION
BUILDING CONTINGENCY RESERVE FUND
TERMS OF REFERENCE

At the end of each CDA fiscal period, a transfer, authorized by the Executive Council, shall be made to a separate cash account and such amount shall be allowed to accumulate to a maximum of \$100,000.

The intent is that interest earned by the fund shall be credited to the fund account until the maximum is reached and thereafter shall accrue to the general fund account as an offset to the building maintenance expense.

Payments shall be made from the fund for major expenses relating to the building. Major expenses are not recurring cyclical expenses, but are designated as one-time expense items, in excess of \$1,000., of which the benefit would extend over more than one accounting period.

Proposed payments from the fund for expenses must be authorized by the Executive Council.

Approved - Executive Council - June 1988

CDA EXPENSE POLICIES

The following are the expense policies of the Canadian Dental Association. This document is intended to serve as a reference. Any question pertaining to the policies or to the coverage of expenses, should be addressed prior to incurring the expense.

ELIGIBILITY

Expenses are reimbursed to:

CDA Governors
Chairman of the Board
Executive Council Members
Council and Committee Chairmen
Council and Committee Members
Resource Personnel and/or
Presidential Appointees

CDA's financial responsibility is limited to authorized meeting attendees.

For expenses to be eligible the meeting must be convened by the President, Executive Director or Council/Committee Chairman in the context of their duties and obligations. A notice of meeting issued from CDA headquarters constitutes authorization that a member's travel is on official business.

Per Diems at the rate currently in place are paid to members of Executive Council, the Management Committee, the Chairman of the Board, Council and Committee Chairmen and Presidential appointees ratified by the Management Committee, for days spent on official CDA business.

Should a claimant be eligible for per diems from another organization while attending a CDA meeting, CDA per diem coverage may not be claimed.

Executive Council members are entitled to registration for the CDA Annual Convention, and other allowances because of special assignments that are required of these members during the Convention.

For attendees to the Presidents' and CEO's meeting, expenses are paid for two representatives from the corporate bodies to attend one meeting per year.

CLAIMS

General

All expenses claimed must be necessary, reasonable and effective. At all times, attendees are encouraged to exercise prudence in their travel costs. For example, use of excursion air fares is recommended whenever possible.

Original receipts, not photocopies, must accompany all expense claims, including copies of all charges to CDA corporate credit cards. With regard to corporate credit cards, claimants must identify (using the reverse side of each copy) the meeting attended, and by name, all persons covered by the expense. Charge card holders should advise group meal attendees of all limitations, including the CDA meal allowance.

Claims in excess of the stated allowances will be adjusted before processing. Claims must be submitted within thirty (30) days of the event. CDA reserves the right to refuse unauthorized claims and to ask for substitution of claims.

Travel

Members should use the mode of transportation most convenient for their travel. Reimbursement for travel expenses will cover excursion class ("seat sales") airfare or economy class airfare where such "seat sales" are not available. (When advised, members are to use "convention central ticketing" facilities).

CDA will also cover personal automobile travel at a rate of 25¢ per km to a maximum equivalent to the economy class airfare, or first class train fare.

Where necessary, ground transportation from home or office to and from airports or train depots will be reimbursed, as will local travel necessary during meeting attendance.

Accommodation

Reasonable hotel room charges will be paid. Whenever possible arrangements should be made through the Association to utilize corporate rates. Hotel accommodation charges, in Ottawa, are limited to \$80.00 per night, plus tax, which represents the corporate rate CDA has been able to achieve at the Four Seasons Hotel.

Expenses may be included from the evening preceding a daytime meeting until the morning following the close of the meeting.

Hotel dockets (guest checks) must accompany all charged accommodation expense. Charges for room and parking, and meal/beverage expenses that can be included under the total meal allowance for the meeting period, will be reimbursed. All other charges will be considered personal expenses and will be deducted from the claim.

Guaranteed reservations for accommodation booked through CDA and subsequently not utilized must be honoured if not cancelled within declared time limits. It is the responsibility of the person for whom the booking was made to ensure such cancellations are implemented. Any charges received by the Association due to non-cancellation will be billed back to the person for whom the reservation was made, or will be removed from subsequent expense claims.

Meals

Expenses for meals are reimbursable when supported by receipts to a maximum of \$10 for breakfast, \$12 for lunch, and \$34 for dinner (\$56 daily). As noted above, expenses may be included from the evening preceding a daytime meeting until the morning following the close of the meeting. And, where the Association sponsors a meal to which the member is invited, no meal expense may be claimed.

Claims for meal allowances exceeding the limits set by CDA will be disallowed, and if a claimant makes a claim for a group meal that collectively exceeds the limit, the overage will be deducted from the claimant's claim.

Insurance

Members travelling on CDA business are insured to a limit of \$150,000 against loss of life or dismemberment.

**DIRECTIVES DE L'ADC CONCERNANT
L'INDEMNISATION DES FRAIS
Notes complémentaires**

Voici les Directives de l'ADC qu'on prendra soin de consulter concernant l'indemnisation des frais. On s'assurera de bien les comprendre et on veillera à ce que les dépenses qu'on se propose de faire y soient couvertes.

Les frais admissibles

On droit aux indemnités de déplacement, les personnes suivantes:

- les gouverneurs de l'ADC,
- le président du Bureau des gouverneurs,
- les membres du Conseil exécutif,
- les présidents des conseils et des comités,
- les membres des conseils et des comités,
- les personnes ressources,
- les personnes désignées par le président.

L'ADC n'a de responsabilité financière qu'envers les personnes qui sont autorisées à participer à des assemblées ou à des réunions.

Pour que les frais de déplacements soient admissibles, l'assemblée ou réunion doit avoir été convoquée par le président de l'Association, le directeur générale ou le président d'un conseil ou d'un comité, dans le cadre de leurs fonctions. L'avis de convocation émanant du siège social de l'ADC atteste que la personne en question se déplace officiellement pour le compte de l'Association.

L'allocation journalière qui est en vigueur au moment du déplacement est versée, pour les journées consacrées aux affaires de l'ADC, aux membres du Conseil exécutif, à ceux du Comité de gestion, au président du Bureau des gouverneurs, aux présidents de conseils ou des comités, de même qu'aux personnes dont la désignation par le président est ratifiée par le comité de gestion.

La personne qui peut obtenir une allocation journalière d'une autre organisation pour participer à une réunion de l'ADC ne peut pas recevoir d'indemnisation pour la même occasion de la part de l'ADC.

Les membres du Conseil exécutif ont droit de se faire inscrire au congrès annuel de l'ADC aux frais de celle-ci et de recevoir d'autres indemnisations, à cause des fonctions qu'ils doivent assumer à cette occasion.

Pour ce qui est des réunions des présidents et des directeurs généraux, l'Association assume les frais de deux représentants par organisation membre pour une réunion par année.

Pour ce qui est des réunions des sections spécialisées, l'Association assume les frais du président, ou d'une personne qu'il désigne, pour une réunion par année.

Les demandes d'indemnisation

Généralités

Les frais dont on demande l'indemnisation doivent être réels, nécessaires et raisonnables. Les personnes qui ont à se déplacer sont priées de surveiller constamment leurs dépenses. Par exemple, on utilisera dans la mesure du possible le tarif excursion pour les voyages en avion.

Il faut joindre aux demandes d'indemnisation les reçus originaux, et non pas les photocopies, de même que toutes les factures qui auront été portées par carte de crédit au compte de l'ADC. On indiquera au verso de chacune de ces factures la réunion à laquelle on a participé ainsi que les noms des toutes les personnes pour lesquelles la dépense a été faite. Pour ce qui est des repas prise en groupe, les personnes détentrices de la carte de crédit doivent prévenir les participants des limites imposées par l'Association.

On reajustera les demandes d'indemnisation qui excèdent les limites autorisées avant d'y donner suite. Les demandes doivent être présentées dans les trente (30) jours suivant l'événement. L'ADC se réserve le droit de refuser une demande d'indemnisation qui n'est pas autorisée et d'en demander une nouvelle.

Les déplacements

Les membres doivent utiliser le moyen de transport qui convient le mieux à leur déplacement. Le remboursement des frais à ce titre couvre le billet d'avion à tarif réduit (classe excursion), ou celui à tarif économique lorsque le premier n'est pas accessible. Lorsqu'ils en sont avisés, les membres doivent utiliser les services centralisés de billetterie pour les congrès.

L'ADC remboursera aussi les frais d'automobile à raison de 25¢ le km jusqu'à un maximum équivalant au billet d'avion en classe économique, ou encore le billet de chemin de fer en première classe.

Les frais de déplacement, de la maison ou du bureau à l'aéroport ou à la gare de chemin de fer, seront remboursés au besoin, de même que ceux qui sont encourus dans la localité où a lieu la réunion.

Le logement

L'ADC assume les frais raisonnables d'hôtel. Dans la mesure du possible, on fera la réservations par le truchement de l'Association pour bénéficier des tarifs des sociétés. A Ottawa, les frais de logement se limitent à 80 \$ par nuit, plus la taxe; c'est le tarif de société que l'ADC a obtenu de l'hôtel Four Seasons.

Les frais de logement couvrent la période allant de la veille d'une réunion qui a lieu le jour jusqu'au lendemain de la réunion.

La demande d'indemnisation doit s'accompagner de la facture de l'hôtel. Seront assumées les dépenses d'hôtel, de stationnement, de repas et de boisson qu'on peut inclure dans le total des allocations de repas prévues pour la durée de la réunion. Toute autre dépense sera considérée comme étant personnelle et sera déduite de la demande.

Les réservations d'hôtel faites par le truchement de l'ADC et auxquelles on ne donne pas suite doivent être payées, si l'annulation n'est pas faite dans les délais prévus. Comme il incombe à la personne pour laquelle la réservation est faite de respecter les conditions d'annulation, l'ADC refilera à la personne concernée toute facture qu'elle pourrait recevoir pour frais de réservation non annulée, ou encore elle déduira ceux-ci de la prochaine demande d'indemnisation.

Les repas

L'ADC assume les frais des repas attestés par un reçu pour des sommes maximales de 10 \$ pour le petit déjeuner, de 12 \$ pour le déjeuner et de 34 \$ pour le dîner (soit 56 \$ par jour)⁰ Ces frais peuvent inclure les dépenses allant de la veille d'une réunion qui a lieu le jour jusqu'au lendemain de la réunion. Lorsque l'Association assume directement les frais d'un repas auquel le membre est invité, celui-ci ne peut les inclure dans sa demande.

Il n'est pas permis d'excéder le maximum des frais prévus pour les repas. On déduira donc la partie excédentaire des frais d'un repas de groupe qui, dans l'ensemble, aura coûté plus cher que le maximum autorisé.

L'assurance

Les membres qui sont autorisés à se déplacer pour le compte de l'ADC portent une assurance-vie et une assurance pour la perte d'un ou de plusieurs membres, d'une valeur se limitant à 150 000 \$.

MANAGEMENT REPORT

EQUIPMENT LIST

The Canadian Dental Association, in an ongoing program to ensure the office equipment in the Headquarters building is as close as reasonable to state-of-the-art, has acquired certain new equipment over the past two years. The acquisition of personal computers and a high volume photocopier permits CDA to act quickly on one of its principle aims: to communicate with the membership.

Listed below is a inventory of our current equipment.

Electric typewriters	10
Electronic memory typewriters	10
Electronic calculators	10
Transcribing Machines	3
Dictating Machines	3
Wang Office Information System (OIS)	1
Wang Terminals	5
Wang Personal Computer	1
Personal Computers (XT)	5
Computers (AT)	2
Laptop Computers	2
Computer printers (Matrix)	5
(Daisywheel)	5
(Laser)	1
Photocopiers (high volume)	2
Photocopiers (low volume)	3
Facsimile machine	1

The replacement cost of the above equipment is approximately \$400,000.00. All equipment is owned, with the exception of the photocopiers which are leased.

Dated 4/7/88

JN/kr

MEMBERSHIP COMMITTEE

REPORT TO THE 1988 ANNUAL BOARD OF GOVERNORS

Committee Members: Dr. Gilles Dubé, Chairman, Lachute, Québec
Dr. Kevin Roach, Pembroke, Ontario
Dr. Bill Rosebush, Vancouver, B.C.
Dr. Sam Sgro, St. Léonard, Québec

Coordinator: Mr. Joel Neal

1. Committee Meetings

The Committee has met once this year, on April 29, 1988, and has tentatively scheduled a meeting for August 25, 1988 during the 1988 CDA Convention in Edmonton.

ITEMS REQUIRING BOARD ACTION

2. Supporting/life applications

The presentation of supporting and life membership applications at recent Board of Governors meetings has resulted in some confusion. The Committee consequently reviewed the current administrative procedures and, to simplify the application process,

RESOLVED:

88.59 THAT applications for life membership and supporting membership be circulated to the corporate members and to the provincial licensing bodies with a request that they vet the list to determine if the applicants are in good standing in their respective organizations,

AND further, that they indicate in writing to the Canadian Dental Association if there are any reasons why the listed applicants should not be approved as members of the Canadian Dental Association,

AND further, that the requested response be provided to the Canadian Dental Association within 30 days of receipt,

AND further, that the process of having the Canadian Dental Association Executive Council review and approve these applications be eliminated.

ADOPTED

3. Life Membership

The criteria for life membership in the Canadian Dental Association, although recently reviewed in 1985, continues to pose a problem in some areas.

First, concern was expressed over the growing number of Life members in CDA. There are currently some 896 life members and this number is expected to grow more rapidly over the next few years due to the larger size of post war dental school classes.

Second, concern has been expressed that some dentists are being granted Life membership while still actively practicing and thereby earning normal incomes, and that this may not be appropriate.

And third, it has been determined that the CDA, in establishing the criteria for life members, has prevented some members, such as veterans of World War II, who by virtue of their late start in dentistry, from achieving life membership status in CDA.

RESOLVED:

88.60 THAT the Membership Committee recommend to the Council on Constitution and By-Laws a change in the criteria for Life Membership, altering the requirements from a minimum of 40 years of membership in good standing to a minimum of 40 years of membership in good standing in the Canadian Dental Association and being no longer licensed to practice in Canada, being fully retired from dental practice, teaching or administration, to be effective January 1, 1989;

AND further, that the Membership Committee accepts the principle of a Retired Dentist Membership fee category and recommends that a new category of membership be established for senior members of the dental profession who are permanently retired from practice and who are no longer licensed to practice dentistry;

AND further, that the fee for the retired dentist category of membership be set at 25% of the active fee;

AND further, that the Council on Nominations, Awards and Trusts be asked to develop an appropriate award in recognition of those members who achieve life membership status (i.e. either a pin or certificate).

AND FURTHER THAT the Council on Constitution and By-Laws present required by-law amendments to the 1988 Annual Meeting of the Board.

ADOPTED

4. Membership Committee Goals

Members of the Committee completed a review exercise resulting in a framework document which outlines the philosophy and objectives of CDA's membership promotion activities. All members of the committee were in basic agreement with regard to what must to be done to improve membership promotion in the Canadian Dental Association.

After considerable discussion, the committee members agreed the current goals did not accurately reflect the mandate of the committee.

RESOLVED:

88.61 THAT the terms of reference of the Membership Committee be changed to:

1. To promote the benefits of CDA membership among dental students, new dental graduates and dentists in all provinces with special emphasis in voluntary provinces;
2. To recommend improvements in services to members of CDA;
3. To evaluate the impact of the activities of all committees influencing the membership and make recommendations where appropriate.

ADOPTED

5. Seminars

All members agreed that seminars were a tremendous membership benefit. The success of the Infection Control Procedures conference in Toronto, which garnered much attention, was a good example of what CDA could and should do.

RESOLVED:

- 88.62** THAT the Health Care Committee be encouraged to offer a similar seminar to the Infection Control Conference held in February, 1988, if economically feasible, in major centres across the country in the event that provinces make such requests and based on a cost-recovery basis.

ADOPTED

Members also felt that CDA could do more in the area of practice management seminars, specifically aiming programs at the young dentist. In this regard, it was suggested that Dr. Bob Brandon of the University of Western Ontario be invited to prepare a feasibility study on running a series of seminars on practice management.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**6. Proposed New Membership Services - Sterilization Controls**

A program currently available in Quebec whereby sterilization equipment in medical facilities is checked and, if given criteria are met, certified to meet acceptable standards, was discussed and considered an attractive membership benefit. The result of approved certification is an appropriate certificate to be mounted in the medical facility advising patients that the sterilization procedures and equipment met acceptable standards.

The Committee therefore recommended the matter be referred to the Committee on Hospital and Institutional Services to determine if a similar program could be developed for dentistry in Canada.

Executive Council refers the matter to the Council on Hospital and Institutional Services for information and comment.

7. Proposed New Membership Services - Affinity credit card

Members reviewed material on a proposed affinity credit card program promoted by TransNational Marketing Services and the Bank of Montreal. The card offers a combination of financial service benefits for the members of CDA and creates additional revenue for CDA. The success of a similar program promoted by the American Dental Association in the United States suggests the program may well be very successful in Canada.

Executive Council agreed that an affinity credit card program promoted by Transnational Marketing Services and the Bank of Montreal be introduced as a CDA membership service subject to acknowledgement of CDA legal counsel that the program involves no risk or financial responsibility to the CDA.

8. Proposed New Membership Services - Vehicle Leasing Program

The members considered a vehicle leasing and maintenance program promoted by the firm of Peterson, Howell & Heather of Toronto. All agreed it would provide a significant benefit to members, although members did express concern over the cost of marketing the program. Staff were directed to approach PH&H to seek financial assistance from the firm to offset these costs and, further, to negotiate with PH&H to ensure the program becomes a source of additional revenue for CDA as soon as possible.

Executive Council therefore agreed that the vehicle leasing program promoted by Peterson, Howell & Heather (PH&H) be introduced as a new membership service subject to an assurance from PH&H that the program will become a source of additional revenue for CDA and subject to acknowledgement of CDA legal counsel that the program involves no risk or financial responsibility to the CDA.

9. Student Fees

The Committee discussed the current fee structure for student members noting that it was set at 6% of the active fee, currently \$17.00. Some members questioned the reasonableness of this fee, but after some discussion, it was agreed that for the time being the fee should be left as it is and that no recommendation be made to alter it. It was agreed that maintaining a good rapport with the student population during their student years would go a long way in improving the likelihood of their maintaining membership in CDA after graduation.

10. Target Groups

All members agreed that the recent graduate, i.e. the dentist who has been practicing for less than 5 years, should be the principal target group for the committee's promotional activities. Another target group would be those dentists who are reaching retirement age, and the final group would be other dentists. It was agreed, however, that for the time being the latter two groups would be considered as one.

11. Student Nights

The value of the Student Nights held at the various dental schools across the country was reviewed. While it was agreed that in most cases the Nights were a good way to introduce CDA to the student population, it was also agreed that in some cases the receptions had proven unproductive and unacceptable. It was therefore suggested the CDA try to get class time at each school, for fourth year students at least, in order to make a quality presentation to an attentive audience. The Student Night concept could then be used more as a social occasion thereby accomplishing both objectives of the dedicated time spent.

12. Membership Surveys

Committee members agreed that opinion surveys, through which the Committee could gather information on the interest of various CDA programs, would be an essential component of any future membership marketing plans. It was suggested the Committee request that other CDA Councils and Committees evaluate their programs and special projects prior to implementing them to ensure they have a positive impact on the membership, possibly conducting informal opinion surveys in advance.

13. Membership Statistics

The need for accurate and valid membership statistics was once again highlighted by Committee members. Staff agreed to continue to work in this area to develop better and more meaningful statistics.

On the subject of statistics, staff were directed to pull as much information as possible on the "5 years and under" group from the current files (i.e. school of graduation, year of graduation, sex, geographic location, membership data, etc) for use in further development of the marketing strategy.

14. 1989 Campaign

The members agreed that, at the given time, with only limited resources, the 1989 campaign would best be patterned after the campaigns used in previous years; that is, the use of a "paper" campaign with letters from the President and a brochure highlighting membership benefits.

A principle change to the 1989 campaign recommended the covering letters be directed to the identified target groups. To accomplish this, the cover letter in the first mailing will be customized to reflect the needs of the different target groups. The second and third follow-up letters could be a common, general reminder.

With regard to the mailing, it was agreed the first mailing of membership promotional material should be set for November 1, 1988 with follow ups December 1 and January 15.

Members also agreed the increased use of advertisements in the various journals, as well as any extra media coverage in these journals such as President's letters, would be advantageous. In this light, it was suggested the CDA President, Dr. Markey, be asked to write to the presidents of each provincial association where appropriate asking them to dedicate at least one column each year in their provincial organs to the promotion of CDA membership. To facilitate the above project, staff were asked to determine the publication schedules for each provincial journal/newsletter.

There was also a suggestion to develop certificates of membership, to be issued in addition to the membership cards. Staff were directed to review the possibilities, calculate projected costs and try to secure examples of such certificates. With regard to the membership cards themselves, staff were asked to look into the possibility of issuing plastic cards rather than the cardboard cards used in the past.

15. Graduates

With regard to acknowledging the enrollment of students after graduation as active or affiliate members, it was agreed a letter from the President should go to each graduate, with their membership card enclosed, welcoming them to the CDA.

16. Membership Booth

Another component of the membership promotional activities has been the presence of a booth at the CDA and provincial association conventions. In the past, this booth has been used principally to promote pamphlets and other patient information material. It was agreed, however, that to extract as much benefit as possible from a presence at these conventions, it would be necessary to totally revamp the booth and the presentations.

For example, the QDSA takes exhibit space at Les Journées Dentaires each year and staffs the booth with senior members of the Association who are available to answer questions about the various programs sponsored by the Association. Dr. Dubé agreed to explore various possibilities in this area with Dr. Jahjah, the CDA's new convention committee chairman.

17. Proposed New Membership Services - Hotel discount program

Committee members reviewed a proposal from the Holiday Inn chain of hotels through which members of the Association were offered a 10% discount off the "rack" rates with a room upgrade where possible. Members were not overly impressed with the proposal and declined to endorse the program. Members indicated they were still interested in a hotel discount program if a program offering significant discounts could be made available. As an alternative, it was noted that the affinity card program might be modified to offer discounts at major hotels. This latter point would be investigated by staff.

18. Proposed New Membership Services - Code of Ethics

Committee members discussed a promotional program developed by the California Dental Association focussing on a patients' "bill of rights". The program incorporated certificates suitable for framing, to be placed in the reception area of the dental office. The certificate listed the various "rights" of the patient. Committee members believed the program warranted further investigation but considered the criteria of the program outside their mandate. It was therefore suggested the matter be referred to the Council on Ethics for their consideration.

19. Proposed New Membership Services - Office Equipment

Members reviewed a proposal from Xerox Canada offering discounts on office equipment for members of the Dental Association. Members expressed their gratitude to Xerox for offering such a proposal but felt that a single supplier in this area would not be appropriate. Rather, they expressed interest in reviewing proposals from a general office supplier such as Grand & Toy or Office Equipment Limited. Nonetheless, they also agreed to review the Xerox program already in place at the Canadian Bar Association. Staff were directed to get more details in this area.

20. Proposed New Membership Services - Office Forms

Members proposed that CDA investigate the possibility of establishing a relationship with a leading business forms manufacturer in order to develop a program whereby dentists could purchase their various office forms at a discount. Staff were directed to investigate the possibilities in this area.

21. Proposed New Membership Services - Convention Packages

Members were pleased to hear the convention committee was considering offering free registration to members at the 1990 and future conventions. In this regard, it was recommended that the Membership Committee endorse such a policy and encourage the convention committee to act on this matter as soon as possible.

22. Proposed New Membership Services - Salary Surveys

A proposal for CDA to develop and run a salary survey of dental office personnel in Canada was considered worthy of further investigation. Staff were directed to investigate possibilities in this regard and to refer the matter to the Publications Committee for their comment and input.

23. Proposed New Membership Services - Other Membership Benefits

The Committee also briefly discussed other possible membership programs including magazine subscription discounts, air fare discounts and a listing of dentists which could be made available to members for patient re-location referral services.

24. 1989 Budget

Committee members reviewed the financial results of their 1987 activities and their proposed 1988 budget. After discussing the activity plan for 1989 and 1990, it was agreed that the Committee should seek a budget of \$55,000 for 1989 and \$65,000 for 1990, broken down as follows:

1989 Budget

Travel	\$1,840
Accommodation	\$2,240
Per Diem	\$2,040
Membership Campaign	\$36,400
Membership Promotion	\$12,480
	<u>\$55,000</u>

1990 Budget (Projected)

Travel	\$1,920
Accommodation	\$2,330
Per Diem	\$2,120
Membership Campaign	\$41,600
Membership Promotion	\$17,030
	<u>\$65,000</u>

The Committee expressed concern that sufficient funding may not be available to accommodate the addition of membership certificates in the 1989 budget. Staff were directed to investigate the financial demands of the current program and seek sufficient funding.

25. FDI Promotion

Members agreed that, for the time being, promotion of FDI membership be handled separately from CDA membership promotion. Nonetheless, members agreed to review all promotional material developed for FDI membership and to provide their comments on its effectiveness.

26. CDSPI Promotion

The profile of CDA in various promotional material published by the CDSPI for CDA's insurance and RSP's programs was reviewed by the Committee. It was agreed the CDSPI could do more to help promote these programs as a membership benefit by prominently placing the CDA name and logo on its promotional material. Although it was reported that this matter had been addressed by CDSPI, it was agreed the Membership Committee should send a letter to the Council on Insurance & Investment requesting that CDSPI incorporate the CDA name and logo and refer to the CDA and the provinces as owners of CDSPI, more prominently for the aforementioned programs.

27. Membership committee - Terms of Reference

In answer to a question regarding the current terms of reference for committee members, it was said the committee members were appointed for a two-year renewable term, with the exception of the two executive council members whose presence on the membership committee was incumbent upon their holding office as a member of Executive Council.

Respectfully submitted,

Gilles Dubé, D.D.S., Chairman
Membership Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Membership Committee with appreciation.

The Board of Governors commends the Membership Committee for their positive approach to the benefits of a CDA membership.

PUBLICATIONS COMMITTEE

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members: Dr. John Hardie, Chairman, Ottawa
Dr. Pierre Desautels, Montréal
Mr. A. Jardine Neilson, Ottawa

Executive
Liaison: Dr. Ray Wenn, Charlottetown

Coordinator: Miss Linda Teteruck, Ottawa

1. Committee Meetings

There has been one meeting of the Publications Committee since the Interim Board of Governors Meeting. It was held on Friday, April 8th 1988.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. New Member

Dr. Jack Stockton (Winnipeg) has been appointed by the President to complete Dr. Crawford's unfinished term. The committee members welcome Dr. Stockton for his demonstrated writing, scholastic and business achievements.

3. Editor's Report

Dr. Crawford presented a comprehensive report regarding future Journal articles. Highlights included: clinical features with colour photographs, regular columns by Ms. Tremayne-Lloyd (lawyer) and Mr. Jerry Ackerman (financial consultant), an article on CAD/CAM in September, and a discussion on ethics, quality assurance and malpractice by Drs. Freedman and Rocky in November 1988. In addition, Dr. Crawford is investigating desk-top publishing and alternate production and typesetting methods which will hopefully result in long-term cost savings in Journal production. The committee thanked Dr. Crawford for his efforts and those of the production staff.

4. Scientific Articles

A project completed by the Chairman and Librarian demonstrated that for the last five years approximately 40 percent of the scientific articles published in the Journal were written by members of Canada's dental academic community. The committee recognized that this contribution played a significant role in ensuring that the Journal has a reputation as a scientific publication, which sets it apart from other Canadian dental magazines. The committee agreed that this support from the dental faculties should be maintained and encouraged.

5. Report of the Scientific Editors

Both editors were satisfied with the quality and number of articles submitted to date. Dr. Turnbull would prefer to operate with a maximum of one year lead time which will prevent frustrated authors and allow him to coordinate scientific articles with appropriate clinical features and advertising projects. Dr. Desautels reported that an increasing number of French authors wish to publish in English to establish a larger readership. Both editors agreed that there is a need to update the "Instructions to Contributors".

6. Advertising

Although Mrs. Spencer was enthusiastic regarding a healthy increase in the number of advertising pages for 1988, the committee preferred to adopt a conservative attitude by suggesting that revenues for 1989 be based upon an average of the past two to three years advertising revenues with the inclusion of an 8 percent rate increase for 1989.

7. Information Officer

Mrs. Allen-McGill reported on current projects, particularly the success of the First Teeth Program, and the development of new pamphlets and fact sheets.

8. Librarian

Based upon Miss Vaughan's report, the committee approved the spending of \$600.00 to purchase needed basic, standard textbooks. The librarian reported that her short and long range objectives for the library would involve capital expenditure and an increased use of the facilities. The committee encouraged Miss Vaughan to prepare budget projections for discussion at the next meeting.

9. Translator

The committee was introduced to Mr. Jean-Claude Noel, the CDA Journal translator. Mr. Noel expressed concerns regarding the time given to translate, official titles, and scientific terminology. The committee thanked Mr. Noel for his comments and worthwhile efforts.

10. Specialty Contributors

Appendix I

After some discussion, it was suggested that:

- (i) The Specialty Contributors should represent the recognized Canadian dental specialties.
- (ii) The Specialty Contributors would have Terms of Reference (see Appendix I).
- (iii) The Terms of Reference would be forwarded to the Committee on Dental Specialties for comment and for suggestions regarding the nomination of new contributors.

11. Consulting Contributors

The committee recognized the need for individuals who have expertise in a topical subject, or one which is outside the area of dental specialties. The terms of reference for such consulting contributors will be developed by Journal staff.

12. Students' Column

The committee supported the concept of a Students' Column and encouraged Ms. Teteruck in consultation with the Executive Council to develop Terms of Reference for a Student Editor.

13. Journal Inserts

Dr. Crawford reported that in 1987 the Journal printed an additional 118.5 pages (approximately 1 1/2 extra Journal edition per year) comprised of membership advertisements, the CFDE Annual Report, Dental Awareness Program information, convention coverage, a Health and Welfare insert, and continuing education courses. While these materials enhance the Journal, they increase production costs which are charged directly to Journal expenses. Dr. Crawford suggested, and the committee agreed, that if this practice continues, such costs should be listed as a separate feature in the budget.

14. Chairman's Comments

At its inception in 1987, the Publications Committee accepted the challenge to maintain the Journal's position as an effective communication vehicle for Canadian Dentistry. The changes engineered by the Editor, the Journal Staff and Director of Communications are visible proof that the challenge will not only be achieved but exceeded. I wish to thank them for their conscientious endeavours.

Respectfully submitted,

J. Hardie, B.D.S., M.Sc., F.R.C.D.(C.)
Chairman
Publications Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Publications Committee with appreciation.

PROPOSED
TERMS OF REFERENCE
FOR
SPECIALTY CONTRIBUTORS

JOURNAL OF THE CANADIAN DENTAL ASSOCIATION

Preamble: The continuing education of its readers is a major objective of the Journal of the Canadian Dental Association. To achieve this goal, the Publications Committee has assembled a team of specialty contributors whose collective knowledge, experience and energy will be actively sought to enhance the educational content of the Journal.

Terms: Specialty contributors will be:

- (i) Members in good standing of the Canadian Dental Association.
- (ii) Certified dental specialists.
- (iii) Appointed by the President of the Canadian Dental Association (on the recommendation of the Publications Committee) to a three year term renewable once.
- (iv) Referees for appropriate scientific articles and text - book review, and/or suggest appropriate referees and reviewers.
- (v) Expected to provide a review article on their specialty, at least once, during each appointed term.
- (vi) Encouraged to submit scientific articles, news items and general interest comments pertaining to their specialty.
- (vii) Prepared to offer the name of a suitable successor.

TAXATION COMMITTEE

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members: Dr. R.N. Hicks, Chairman, West Vancouver
Dr. J. Gryfe, Weston
Dr. E. MacSween, Ottawa

Executive
Liaison: Dr. G. Dubé, Montréal

Coordinator: S. Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Federal Sales Tax Reform

Two meetings have taken place with representatives of the Department of Finance regarding the White Paper on Sales Tax Reform proposal to place a Federal Sales Tax on Dental Services.

The Canadian Dental Association's request is for dental services to be given similar status to that of medical services under any sales tax reform system. At the present time, the Department of Finance is proposing that medical services be exempt from the Federal Sales Tax, if they are paid for by public funding. However, it is proposed that dental services paid for by insurance or private funds will be eligible for a 10% Federal Sales Tax (approximate). Dental services paid for by public funding (i.e. National Health & Welfare, Provincial Welfare Programs, RCMP, etc.) will be exempt from the tax.

Arguments have been put forward explaining the traditional equitable tax treatment of medical and dental services in the past. In addition, concerns have been expressed with regard to the 10% sales tax elevating dental fees beyond the reach of a number of Canadians. Reduced access to dental service will eventually result in a lowering of dental health levels in many areas of Canada.

The Department of Finance has been sympathetic to our concerns. Significant progress has been made, to date, in our discussions with Finance. They are presently reviewing their current recommendations for taxation of dental services with a view to finding an answer to satisfy the medical/dental services "inequitable taxation" issue.

While researching the international status of dental services in countries using a federal sales tax system (i.e. Value Added Tax), the Taxation Committee found that 88% of the countries studied did not tax dental services.

Discussions are continuing with the Department of Finance. The Chairman will provide up-to-date information to the Board of Governors and the Executive Committee as events occur.

2. Canadian Customs (Harmonized Systems Classification)

The Committee has finally received the classifications for dental goods under the Harmonized System.

These new Tariff Numbers are essential for Canadian dentists desiring to utilize the new Customs Commercial Postal System when importing dental goods into Canada.

The Taxation Committee will be circulating this information to CDA members in the near future.

3. CDA Taxation Seminar - Vancouver, B.C.

Approximately one-hundred and ten (110) dentists and their spouses attended a very successful CDA Taxation Seminar in Vancouver on Friday, May 27, 1988, at the Four Seasons Hotel.

Mr. Ron Walsh (Chartered Accountant), Mr. Barrie Davidson (Tax Lawyer), Mr. David Thompson (Tax Lawyer), and the Chairman of the CDA Taxation Committee shared the presentation of tax topics related to the practising dentist.

Participation by the audience and letters received following the Seminar indicated a high degree of interest in this CDA educational service.

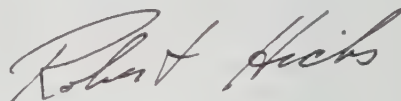
While attendees were primarily from B.C., registrants from Alberta and Ontario were also present.

A preliminary financial statement from the Seminar is attached for your information.

APPENDIX

The Taxation Committee anticipates another CDA Taxation Seminar will take place in Québec in the early fall and then in New Brunswick in early December.

Respectfully submitted,



Robert N. Hicks, D.D.S. M.S.
Chairman, Taxation Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Taxation Committee with appreciation, and directs that in addition to the \$19,000 approved by the Board in support of sales tax lobby activities the sum of \$14,000. be allocated to the Committee's 1988 budget from the unallocated legal budget for 1988 for legal fees in support of sales tax reform initiatives.

APPENDIX I

DRAFT FINANCIAL STATEMENT
CLA TAXATION SEMINAR
VANCOUVER, B.C. - MAY 27, 1988

Income

Registration	\$13,500.00
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Expenses

- Mail	2,590.00
- Promotional Materials	1,100.00
- Travel/Accommodation Staff	1,700.00
- Luncheon, Breaks	3,106.00
- Room & AV Rental	665.12
- Chairman's Per Diems and Expenses	500.00
- Gift to Presenters (3)	<u>150.00</u>

TOTAL	\$9,811.00
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Projected Profit	\$3,689.00
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THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Committee Members: Dr. D. MacFarlane, Chairman, Vancouver
 Dr. T. Gushue, St. John's
 Dr. D. Gutkin, Winnipeg
 Dr. B. Leggett, Brampton

Executive Liaison: Dr. D. MacFarlane, Vancouver

Coordinator: Ms. Janice Forsythe

1. Committee Meetings

The Committee has met three times since it last reported to the 1988 Interim Board of Governors meeting, on February 7-8, April 9-10 and May 28-30, 1988.

2. Liaison Activities

On March 28, 1988, Drs. MacFarlane and Gutkin met in Toronto with representatives of Quinn Data re: the electronic transfer of data contained on claim forms.

On May 28, the committee members, along with Mr. Mike Killoran of the ODA, met with representatives of Canada Systems Group, Payment Innovations Inc., and T.B.S.I., on the same subject.

On May 30, the committee and Mr. Killoran met with representatives of the Canadian Life and Health Insurance Association, also on the topic of direct data transfer.

ITEMS REQUIRING BOARD ACTION

3. Dialogue in Dentistry

DID has become very active in British Columbia. The B.C. participants in the original CDA-sponsored seminar in Chicago have now held their own seminar to train additional contact persons. Space allowed for a few dentists from Alberta to participate.

The program in B.C. has been extremely successful, proving that this approach does show potential plan purchasers the merits of fee-for-service and freedom of choice. The ODA also has a successful purchaser contact program which is keeping capitation to a minimum in that province.

As the results of a mail ballot, the majority of the provinces which had funds remaining from the national information campaign indicated that they would like the monies returned to the province. They will then pay CDA on a pro rata basis for the start-up costs of Dialogue in Dentistry (for the remainder of 1988). In 1989, the program costs will be built into the CDA budget.

RESOLVED:

88.63 THAT the Third Party Dental Plans Committee be authorized to start a Dialogue in Dentistry program in Canada; and

THAT the appended budget for the 1989 Dialogue in Dentistry program be approved.

APPENDIX I

ADOPTED

4. **National Conference: "Dental Plans: Our Shared Concerns"**

Plans are moving ahead to hold a national conference with insurance carriers, dental consultants, benefits consultants, representatives of the dental profession, etc., as outlined in the last report to the Board. Dates have been set for Friday, September 30 and Saturday, October 1, 1988 at the Inn on the Park in Toronto, Ontario. Attendance will be by invitation only to ensure that there is the right mix of participants.

A budget has been set at \$25,000 for this project. Since it is not felt to be wise to solicit money from the insurance industry for this venture, in the interest of time, we have asked the CDA Executive Council to approve this unbudgeted expenditure. The detailed budget is appended for information.

APPENDIX II

RESOLVED:

88.64 THAT \$10,000 be included in the Third Party Dental Plans Budget for the 1988 Conference: "Dental Plans: Our Shared Concerns".

ADOPTED

The remaining \$15,000 will be taken from the Committee's 1988 budget for special projects.

APPENDIX III

5. Electronic Data Transfer

The Committee has now reviewed presentations from four companies regarding direct data transfer. As a minimum, the Committee sees the following as criteria which have to be met by the best proposal:

- a) It must increase the dental office front desk efficiency, i.e. only one input of data for the dental office records as well as for the claims data.
- b) The transmission system must be capable of storing enough data for a one per day transfer.
- c) The transmission process should be able to be performed after hours and not require any monitoring by staff.
- d) The data transfer should be able to go:
 - 1) from the dental office to the claims submission;
 - 2) from the carrier to the dental office carrying the data on claims payment;
 - 3) handle both controlled assignment and non-assignment claims;
 - 4) in assignment situations credit the dentist's bank account electronically;
 - 5) transmit data in predetermination situations in both directions where radiographs or models are not required.
- e) The system must eventually be able to handle credit card transactions with the banking system.
- f) The data must be available to be transmitted to the licensing boards of each province on a confidential basis in order to be aggregated by them for profiling. The profiling aggregates would then be available to all provincial carriers. (No carrier's individual data would be available to any competitor).
- g) It must be possible for all carriers (including not-for-profits) to have access to the clearing house approach.

The Committee also plans to approach CDSPI to see if it has the capabilities of handling such a system and the capital to invest in it.

Results of the Committee's deliberations re: direct data transfer will be brought to the 1989 Interim Board of Governors meeting in order to expedite this cost-efficient method of handling claims.

RESOLVED:

88.65 THAT the Board of Governors authorize the Third Party Dental Plans Committee to proceed with the development of a plan of action for electronic data transfer, and,

THAT provincial associations be involved in the study of that concept as it develop, and

THAT the Third Party Dental Plans Committee retain the services of a consultant to develop a plan of action as the first phase for an electronic data transfer project with \$25,000. being provided from the 1988 Third Party budget.

ADOPTED

6. Dental Plans for Senior Citizens

The Committee sees a need for more attention to dental care for the ever-growing population base of senior citizens. Thus, the following recommendation is proposed:

RESOLVED:

88.66 WHEREAS the majority of private dental plans do not cover retired workers; and

WHEREAS most provincial governments do not assume financial responsibility for the dental needs of their senior citizens; and

WHEREAS senior citizens are retaining their natural dentition due to the effect of professionally directed preventive treatments; and

WHEREAS senior citizens are more prone to root caries and periodontal conditions which may require extensive and expensive treatment; and

WHEREAS the retention of good useful dentition by senior citizens encourages an improved balanced diet leading to a more active life and a higher quality of lifestyle in their remaining years with less dependence upon the available social services,

THIRD PARTY DENTAL PLANS COMMITTEE

- 5 -

BE IT RESOLVED THAT the Canadian Dental Association and all its corporate members promote the concept that both private industry and government have a social and ethical responsibility to arrange for financial coverage of dental treatment for senior citizens provided by the same level of trained personnel as is available to the general population; and

THAT this resolution be communicated to the appropriate government departments and private sector companies.

ADOPTED

RESOLVED:

88.67 THAT the Canadian Dental Association explore the feasibility of maintaining coverage for its own retired employees.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. 1989 Budget

The Committee has found that, with its ever-increasing workload, it must increase its number of meetings. Actually, five meetings were held in 1987, but only three were budgeted for. In 1989, we have conservatively budgeted for five meetings.

8. Sub-Committee on Alternative Delivery Systems

Now that the Third Party Dental Plans Committee has finished its major tasks, such as the USCLS, the Policy Guide and Claim Form, etc., it was felt it would have more time to become involved in the area of alternative delivery systems. Thus, it has disbanded its sub-committee and will take over projects on this subject in future.

Sincere appreciation must be extended to Drs. Les Allen (Chairman), Paul Vezina and Brian Rocky for the time and effort they put into sub-committee deliberations.

9. Direct Reimbursement

Attached you will find a copy of the Direct Reimbursement Pamphlet and the Guide to Designing your own Plan. Five copies of the pamphlet have been sent to every member in Canada to be given to patients who may influence the development of a direct reimbursement plan.

APPENDIX IV

Multiple copies of the complete guide have been sent to the corporate members, for distribution upon request. These will also be useful in provincial purchaser contact programs.

I am sure this will prove to be a most successful program, which could not have been accomplished without the valuable assistance of our colleagues at the College of Dental Surgeons of B.C. and the American Dental Association.

10. Future Directions

The Committee has established the following list of priorities for the coming year:

- 1) Direct Reimbursement Package: published and translated;
- 2) Dialogue in Dentistry: funding, implementation and promotion;
- 3) National Conference: "Dental Plans: Our Shared Concerns";
- 4) Direct Data Transfer: development, implementation and acceptance;
- 5) Codes: implementation, promotion and acceptance of approved GP codes; research into specialty codes and list of services;
- 6) Fee-for-Service Pamphlet: development, translation and distribution;
- 7) Monitoring the PPO situation and development of a position on this subject; and
- 8) Continuing to monitor the factors that create an environment that alternate funding approaches can exploit.

11. Appreciation

Once again, I must thank all those across the country who work so hard to make CDA's Third Party activities a success. This growing network of people is to be especially congratulated for its work in the area of alternative delivery systems and purchaser contact programs.

Respectfully submitted,

D.E. MacFarlane, D.M.D.,
Chairman, Third Party Dental
Plans Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Third Party Dental Plans Committee with appreciation.

APPENDIX I

DIALOGUE IN DENTISTRY

BUDGET - 1989

EXPENSES

Secretary - 1/2 time with benefits	\$16,000
Office Rental	10,000
Stationery & Postage	4,000
Telephone, Utilities, etc.	4,000
Computer Software & Hardware Maintenance	1,000
Dentist Per Diem (analyst & trainer)	<u>25,000</u>
62.5 days @ \$400/day	\$60,000

LESS REVENUE

Analysis at \$50 for 400 hours	<u>20,000</u>
Net cost to CDA	\$40,000

This is an approximation as we have no data on how much analysis will be needed at this time.

Dialogue in Dentistry would provide CDA with tremendous nationwide recognition. It is a high profile project which the dentists of Canada will appreciate. Thus, start-up costs should be seen as an investment, rather than an expense.

Appendix II

DRAFT BUDGET

"Dental Plans: Our Shared Concerns"

DATE: September 30 and October 1, 1988

LOCATION: Inn on the Park, Toronto, Ontario

Estimated Expenses

Speakers	\$10,500
Committee Members and Staff	1,700
Room Rental	1,300
Meals, Coffee and Juice (for 300 people)	8,600
A.V. Equipment	2,000
Printing and Shipping	900
	\$25,000

APPENDIX III

Third Party Dental Plans Committee

ITEM 5: Electronic Data Transfer - Addendum

The Committee is recommending the hiring of a consultant to assist in researching Electronic Data Transfer as it relates to the dental profession and how dentistry can best proceed in this area. It is the Committee's view that the technology already exists to perform claims transmission. The PharmaCare programs in a number of provinces are already utilizing this technology.

We believe the dental plan administrators will embrace this efficient method of claims processing because of the significant reduction in costs. This can be accomplished by the reduction in claims personnel. We feel it is inevitable that the carriers will push forward in this area.

The Committee views the development of EDT as being parallel to the creation of dental claim forms in the early days of dental plans. It was essential at that time that organized dentistry become involved and take an active part in developing a standard format and in controlling the process, so that it could be standardized on a national basis.

When claims processing becomes automated, along with this aspect of dental practice administration, a wide variety of dental benefits can occur as well. To name a few: electronic predetermination would be possible in all cases except those requiring radiographs or study models; any requests from the carrier to the dental office for further clarification of claims could be sent; the same technology will allow for credit card verification, automatic draft capture and the crediting of the dentist's bank account. If the correct technology is utilized, the data will be processed in the office with only one input of data, both for the claim and for the internal accounting. The impact on a dental practice will be significant: improving the efficiency of handling the entire dental insurance aspect of the practice, simplifying it and reducing the time between processing and the payment back to the patient. Predetermination should become much more rampant, in fact, almost like a verification of coverage.

While there are many positive aspects of Electronic Data Transfer, dentistry must manage these changes in cooperation with the dental plan administrators in such a fashion as to lead in the development, rather than respond to a technology

.../2

imposed on us. If Electronic Data Transfer becomes a reality in a majority of dental plans, and dentists participate, there will be a flow of data about dentistry that will allow the group controlling this data to be in a position to do much more sophisticated planning and more accurate projection of future trends, as well as year to year management. It is essential that dentistry be in control.

The dental plan carriers are as aware of this as is our Committee and they will likely attempt to exert some control. There are a number of factors about which many will have concerns, and which will need to be addressed and resolved. One of these concerns is the issue of assignment: will the transfer of data electronically encourage dentists to deal directly with carriers? Certainly the potential does exist. However, there is no reason that plans cannot still be sold without assignment, or that dentists, who are not now accepting assignment, should switch.

Another area of concern will be that of the profiling of dental practices. It will be possible for the profession to monitor, investigate, and discipline those dentists who are not operating in an ethical fashion by accessing the tremendous amount of data that would then be available to the licensing board from the accumulated data base. Some members of the profession will have concerns about whether this is a process that they wish to embrace. The dental profession needs to fully investigate the potential and pitfalls inherent in Electronic Data Transfer in the administration of their practices in the interaction with the dental insurance industry.

The Third Party Dental Plans Committee of CDA is therefore proposing to investigate all of the above with the enhanced budget and report its findings to the Board of Governors for consideration.

Respectfully submitted,

Donald E. MacFarlane, D.M.D.
Chairman
Third Party Dental Plans Committee

c.c. Dr. Bernie Dolansky, ODA
Mr. Mike Killoran, ODA

DIRECT REIMBURSEMENT

DIRECT REIMBURSEMENT

Your Employee Dental Benefit plan can be money in the bank!

Direct Reimbursement is an innovative approach to self-funding employee dental benefits. It has been supported by the Canadian Dental Association as a cost-effective way to provide dental cost assistance to employees while protecting their right to be treated by the dentist of their choice.

How it works

One of the most attractive features of a direct reimbursement dental plan is its simplicity of operation. Under a direct reimbursement plan, the employee and covered dependents visit the dentist of their choice, receive the necessary treatment and pay the dentist's bill directly to the dental office. The employee then presents a paid receipt or other proof of payment to his employer and is reimbursed for all or part of the expense, depending on the benefit levels of the plan.

Benefits are simply stated as a maximum dollar limit per year per eligible individual or a percentage thereof. Reimbursement is based on dollar expenditures rather than on services incurred. Unlike conventional plans, there is typically no exclusion and few if any limitations on specific treatments or services.

Dental costs are small enough that an employer can keep the employees involved in selecting their dentist, paying their own bills and making sure that the work is satisfactory. In other words, with direct reimbursement, the group sponsor is placing the responsibility for the best use of limited dollars available on the employee. Additionally, employees are involved in the cost-containment process with cost

sharing provisions such as annual maximums and co-payments

Flexibility

The details of a direct reimbursement plan may vary widely depending on the level of benefits the employer wishes to provide. Some of the options to be considered in designing the plan include

- employees only or employees and dependents
- co-payment provisions
- annual benefit maximums
- immediate benefits or a waiting period for eligibility

Several examples of possible direct reimbursement benefit plans illustrate this flexibility

Plan A

100% of the first \$200 of dental expenses
80% of the next \$1000
total annual maximum benefit of \$1000 per covered individual

Plan B

100% of the first \$100 of dental expenses
80% of the next \$500
50% of the next \$1000
total annual maximum benefit of \$1000 per covered individual

Plan C

75% of \$1000 of dental expenses
total annual maximum benefit of \$750 per covered individual

Plan D

50% of \$1000 of dental expenses
total annual maximum benefit of \$500 per covered individual

(see over)



Kit request form

Yes, I want to tailor my own Dental Benefit plan. Please send me additional information on how my group may set up a self-funded direct reimbursement dental benefit.

Name _____

Title _____

Company or Organization _____

Address _____

City, Province, Postal Code _____

Telephone number _____

Number of Employees _____

Do you currently have dental coverage? Yes ☐ No ☐

Send to the Direct Reimbursement Representative at any of the addresses on the reverse side.

An Innovative Approach
to Self-funding
Employee Dental Benefits



CANADIAN DENTAL ASSOCIATION

Please contact:

The Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6 (613) 523-1770

The Alberta Dental Association

101, 8230-105 Street
Edmonton, Alberta T6E 5H9 (403) 432-1012

The College of Dental Surgeons

of British Columbia
1125 West 8th Avenue
Vancouver, B.C. V6H 3N4 (604) 736-3621

The Manitoba Dental Association

202-219 Kennedy Street
Winnipeg, Manitoba R3C 1S8 (204) 942-5211

The New Brunswick Dental Society

93 Prince William Street
St. John, N.B. E2L 2B2 (506) 634-1324

The Newfoundland Dental Association

36 Bannister Street
Mount Pearl, Nfld. A1N 1W1 (709) 368-0171

The Nova Scotia Dental Association

Suite 604
5591 Spring Garden Road
Halifax, N.S. B3H 1Y6 (902) 420-0088

The Ontario Dental Association

234 St. George Street
Toronto, Ontario M5R 2P1 (416) 922-9900

The Dental Association of

Prince Edward Island
184 Belvedere Avenue
Charlottetown, P.E.I. C1A 2Z1 (902) 894-4022

Ordre des dentistes du Québec

625, ouest boui. Dorchester
Montréal (Québec) H3B 1R2 (514) 875-8511

The College of

Dental Surgeons of Saskatchewan
109-514 23rd Street East
Saskatoon, Saskatchewan
S7K 0J8 (306) 244-5072

The variations on the concept are limited only by the degree of financial commitment the employer is prepared to assume. Some employers have begun their plan by offering modest annual maximums to limit initial financial liability. Then, after analyzing a few years' experience with the plan, they often improve benefit levels based on the past pattern of claim liability.

Administrative considerations

By removing many of the complex administrative features associated with most dental plans (e.g., detailed claim forms and service limits and exclusions), a direct reimbursement plan is well-suited to employer self-administration.

The only routine administrative actions are: 1) verifying patient eligibility; 2) calculating the benefit payment; 3) issuing the benefit cheque; 4) maintaining records of amounts paid to each employee; and 5) educating employees.

As with all forms of benefit plans, it is suggested that an employer consider retaining the services of an experienced benefits consultant in order to establish an appropriate plan design and effective administrative procedures. The employer may also elect to have a third party administer the direct reimbursement plan if desired, knowing this would add to the cost of the plan to the employer.

Available to small groups

Both large and small employers have instituted direct reimbursement programs to assist the employees in meeting the costs of their dental care. Companies with from 2 to 18,000 employees have enjoyed cost savings with this type of plan. With direct reimbursement, the small employer can individualize the plan to suit the needs of the employees while tailor-

ing the benefit provisions to satisfy the company's financial and administrative constraints

Cost considerations

A direct reimbursement dental plan gives the employer immediate control of the level of benefits offered. By instituting cost-sharing measures into the plan design, the employer is protected against discretionary utilization and wide fluctuations in benefit costs.

Unlike conventional insured programs, where the employer's premium rate frequently is determined by the pooled experience of many groups, the employer's expense for a direct reimbursement program is based only on his own employees' experience. In addition, employer funds, if any, that in conventionally insured programs are typically held in reserve and invested by a third party, are held and invested by the employer to generate additional income which may be applied against the cost of the program.

Perhaps the most clearly discernable savings to the employer is in the administrative costs of a direct reimbursement plan. The simplification of claim forms and other extraneous paperwork reduces much of the transactional costs of administration. Further, since a direct reimbursement program is considered a Private Health Services Plan, there is no tax liability for employees or employer. Finally a decision to self-administer the program will also eliminate the charges usually made by a third party for marketing costs, and profit and risk margins.

For more information

Of paramount importance is the employee's freedom to choose his/her dentist without restric-

tions. This benefits the employer in that there is no legal liability for directing the employee to a particular dentist or clinic for treatment if any problem should arise.

This guide was prepared to provide a brief overview of the direct reimbursement approach to providing dental care benefits. Ultimately, the decision to implement a direct reimbursement program, and the specific details of your plan, is yours. A number of benefits consultants across Canada, as well as contact dentists representing Dialogue in Dentistry of Canada, are knowledgeable in this area and may be of specific assistance to you. The Canadian Dental Association has a directory of some of the Third Party Administrators in your area who are knowledgeable in direct reimbursement.

In addition, the Canadian Dental Association and its provincial associations will provide to interested employers a kit which details a step-by-step process for writing and administering a direct reimbursement plan. If you would like a copy of this kit, or if you have any questions not answered in this guide, the Canadian Dental Association staff is available to assist you.



DIRECT REIMBURSEMENT

The Complete Guide to Designing your own Dental Benefit Plan



Canadian Dental Association

Produced by the
CDA Third Party Dental Plans Committee
in cooperation with
the College of Dental Surgeons of British Columbia
and the American Dental Association

DIRECT REIMBURSEMENT

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DIRECT REIMBURSEMENT

Common concerns about the Dental Benefit Plan you design yourself

Introduction

Direct Reimbursement is an innovative approach to self-funding employee dental benefits. It has been supported by the Canadian Dental Association as a cost-effective way to provide dental cost assistance to employees while protecting their right to be treated by the dentist of their choice. This "how-to" book will provide you with all of the tools you need to set up your own Direct Reimbursement Plan.

Direct reimbursement costs

- Q.** Estimates of direct reimbursement costs generally do not include any monies for administration. Even if administration is simple and is done in-house, aren't there still costs involved which should be reported?
- A.** There certainly are administrative costs involved with any program. Direct reimbursement administrative costs are generally harder to identify than those of an insured plan since, aside from the costs involved with any required booklets or other employee communications, administration is simply a small portion of each day's clerical functions, rather than a specific individual or department's full-time concern.
- Q.** Are the cost "savings" attributed to direct reimbursement plans just a result of low benefit reimbursement levels, typically set at 50%?
- A.** Clearly, lower benefit levels can reduce the cost of a dental plan. However, when comparing plans with equal benefit levels, considerable savings are realized with direct reimbursement plans because of the elimination of many costs associated with fully-insured dental plans — reserve accumulations, premium taxes, marketing expenses, brokers, carrier profits, claims administration, including predetermination of costs and consultants.
- If an employer chooses to have a third party administrator manage the reimbursements and the necessary record-keeping, the charges for these services should add minimally to the overall cost of the plan.
- Q.** If an employer has 250 employees, and designs a benefit with an annual maximum reimbursement of \$1000, should he anticipate spending \$250,000 for employee reimbursements?
- A.** While that is the maximum potential cost of the program, it is not at all close to the actual experience of any direct reimbursement dental plan known to the Canadian Dental Association. Plans do not reach their maximum potential for several reasons.

First of all, as a national average, approximately 30-35% of all people with dental benefit coverage do not receive any dental treatment in any given year. Secondly, of those who do receive treatment, according to 1986 statistics, most incur dental costs of less than \$300 per covered employee in any given year.

Quality of the Benefit

- Q.** Do the low reimbursement levels often found in direct reimbursement plans discourage the employee and dependents from utilizing the benefit?
- A.** The reimbursement level for all dental plans is determined by the purchaser of the plan, that is, the employer, regardless of the design of the plan. The reimbursement level for direct reimbursement plans varies and need not differ from the levels established for other types of plans.

It is common for purchasers of dental plans to provide a relatively low level of benefits to their employees for their first dental plan. This allows a self-insurer with no cost or utilization record an entry into the dental benefits market with a more manageable risk level.

In many instances, purchasers increase the level of benefits in their plans after they have some experience with the costs of their direct reimbursement plans.

Since there are generally few treatment exclusions with direct reimbursement plans, beneficiaries who require dental services that are often excluded from traditional dental plans are able to utilize a direct reimbursement plan.

- Q.** Under direct reimbursement, the patient must pay the full bill "up front," before receiving reimbursement from the employer. Does this policy cause employees to put off needed dental treatment?
- A.** Utilization data available to date on direct reimbursement indicate that utilization of direct reimbursement dental plans does not differ significantly from that seen with other types of plans. However, if "up front" payments do present a problem for some patients, the flexibility of plan design of direct reimbursement will allow for the establishment of a reimbursement mechanism to counter this problem. The design of a direct reimbursement plan should be adapted to the needs of the employer and the patient.

For example, if credit card payments are accepted by a dentist, and reimbursement by the employer is prompt, the patient may charge dental services and receive reimbursement from the employer

before the credit card payment is due. In some instances patients may establish a deferred payment plan with the dentist. After paying an initial amount which is promptly reimbursed, the patient may use that reimbursement to pay the next installment when it is due. This process can be repeated until the entire treatment charges are paid. Thus, the "up front" payment is greatly reduced.

An added advantage of direct reimbursement is that if the employee does have to pay the dentist prior to reimbursement, the employee knows, in advance, exactly what the final out-of-pocket expense will be.

- Q.** Does a low annual maximum discourage necessary specialist referrals?
- A.** No. As the discussion of potential versus actual cost exposure indicates, most people do not come close to reaching even a modest annual maximum benefit ceiling. In fact, specialist referrals may be enhanced with a direct reimbursement plan compared to plans that place contractual limitations on the dentist for specialist referrals or preclude referral or payment for some specialty care.
- Q.** With direct reimbursement, an employer cannot track the treatments received according to the dollars spent in each category of service. How can the employer determine how well the employees utilize the benefit dollars?
- A.** This is up to the employer. The simplicity of direct reimbursement is that it does not require the employer to keep track of exactly what treatments are received. Nevertheless, there is nothing to preclude an employer from developing a brief claim form for reporting the treatment rendered. The employer needs to determine if such information is necessary, or if it would even be of any use in the future.

Who should be the judge of "how well" the employees utilize benefit dollars? Some types of insured plans that attempt to influence treatment with limited levels of reimbursement (e.g. only two cleanings covered for each calendar year) do not necessarily meet the treatment needs of all employees. Under direct reimbursement, the employees know the reimbursement levels, and can prioritize their treatment accordingly.

While specific treatments or procedures may not be known to the employer, he does know where his dollars are going — for treatment — rather than taxes, profit and administrative costs.

Claim administration

- Q.** Direct reimbursement plans do not have fee guide limits. Doesn't this open the program up for dentists to charge any amount?
- A.** Fee guides for use by general practitioners and specialists are prepared by each provincial dental association in order to provide a suggested basis for payment levels for dental services based upon the most current economic trends of dental practice and in consideration of local cost of living

allowances. Individual dentists are free to charge above or below these suggested fees.

Direct reimbursement establishes patient involvement and awareness of dental costs and payment. The patient will determine whether or not the charges made for dental treatment received are reasonable. The patient becomes involved in controlling the cost of the plan by being subject to co-payments, annual maximums and, when required, "up front" payment of the cost of treatment.

Since direct reimbursement benefits are expressed in terms of dollars, dentist's charges are important to an employee, as the employee must determine the most efficient way for him to utilize his benefit dollars. Under direct reimbursement, patients have the freedom to receive treatment from the dentist of their choice.

- Q.** Do employers have a recourse for excessive charges by a dentist?
- A.** In today's dental marketplace, extreme variations in fees charged by dentists for treatment in the same area are unlikely. In any event, under direct reimbursement plans, patients will tend to seek out those dentists who will provide the greatest benefit for the treatment dollars available.

Dentists in Canada are subject to a Code of Ethics. The Registrar of the licensing body of each province is available to assist any patient or employer who feels that the charges made by a dentist are inconsistent with community standards or unreasonable. Naturally, resolution of a problem such as this should first be attempted through dentist patient dialogue. The Registrar and, if deemed necessary, a Review Committee, are avenues which serve as a means of resolving disputes between patients and dentists involving charges for treatment, quality of care, and appropriateness of care. This service to the public is available to patients regardless of the nature of the reimbursement mechanism used for payment to the dentist.

- Q.** Why don't direct reimbursement plans require predeterminations or second opinions for certain treatment plans?
- A.** Dental care differs from medical care in the need for second opinion requirements. Unlike medical plans the need for treatment is apparent and the cost of treatment and risk to the patient is minimal. If there is an exception to this, the dentist may suggest a second opinion. Regardless of the treatment plan or the dentist's recommendations, under direct reimbursement the patient *always has the option* of seeking a second opinion from the dentist of his choice since second opinions are not precluded under a direct reimbursement program.

Predetermination is typically a feature of dental plans which place limitations on particular procedures, treatments or expenditures. Since there are no treatment limitations, only dollar limitations, and reimbursement is not based on procedures done, under direct reimbursement the plan need not be reviewed prior to treatment.

- Q.** Without monitoring by a third party, does direct reimbursement increase the possibility of fraud on the part of the dentist and employee in the form of falsified receipts or forgiven co-payments?
- A.** Potentially fraudulent activities with a direct reimbursement plan would have to involve collusion on the part of the dentist and the patient. The Canadian Dental Association believes it is not worth the risk of losing a professional licence or of losing a job to receive a few more dollars through misuse of the dental program. If an employer is especially concerned about this possibility, employees may be made aware that spot checks will be made and falsified claims will result in dismissal.
- Q.** Direct reimbursement puts the employer directly in contact with the claims process. Doesn't this also put him in the uncomfortable position of being responsible for claim review or denial?
- A.** Yes, except that the position should not be uncomfortable under a direct reimbursement program. The only reasons for claim denial would be in case the claimant was not eligible for the benefit or had reached the maximum benefit payment, or if the claim appeared to be fraudulent. In the first two cases, the basis for denial would be easily documented, and not a source of problem for the employer. In the case of fraud, the employer should want to be closely involved since such deception would probably end in termination of the employee's employment. The other side of this involvement with the claim is that the employee receives the benefit in the form of a cheque paid directly to him from the employer. This helps the employee to realize that his benefit is real money, paid by the company he works for, to assist in payment for his dental care.

Answers to some other frequently asked questions

- Q.** Can I write a plan myself?
- A.** Yes. Simply follow the step-by-step instructions to fill out the blanks in the model plan. However, you may wish to have your plan reviewed by a benefits consultant.
- Q.** I have only six employees. Will Direct Reimbursement work for me?
- A.** Yes. Such plans are in force by businesses employing from 2 to 18,000 employees.
- Q.** How can I estimate how much a plan will cost?
- A.** The beauty of Direct Reimbursement is that it is flexible. For example, you can start with a modest plan that pays 50% or the first \$500 of dental expenses incurred annually. You can always increase the benefits based on your first year or two of experience. Generally, you can expect the claims to decrease the second year, then stabilize.
- Q.** If I don't want to write the Plan or administer it myself, where do I go? What will it cost?
- A.** Seek out a company that specializes in benefit plans. The Canadian Dental Association has a direc-

tory of some of the third party administrators in your area who are knowledgeable in direct reimbursement. Such companies will quote charges for the following:

1. preparation of Plan and language for Summary Plan Description;
2. claims paying services, supply of claims and other material exclusive of plan and employee booklets;
3. continuous availability to answer claims questions via phone.

You may elect to purchase 1, 2, 3 or none of the above services.

- Q.** Is it necessary or should a "Trust" be established?
- A.** For the purposes of this discussion, there are two possible alternatives for self-administered dental plans: (1) self-insurance; and (2) direct reimbursement.

Self-insurance involves first establishing a Dental Insurance program without the involvement of an outside insurance company, perhaps by incorporating a separate company, creating a Trust, or establishing a separate bank account and a set of records within the company itself. There are extremely stringent statutory and regulatory requirements, which probably cannot be avoided, for self-insurance programs involving a separate "trust." There would also be a requirement for the employer insurer to pay significant deposits and maintain sizeable cash reserves as an insurer would. Because of these concerns and the desire to maintain simplicity, it is unlikely that you will choose the self-insurance alternative.

There are no statutory or regulatory requirements governing direct reimbursement programs. A checklist for the establishment of a Direct Reimbursement program should include the following:

1. Ascertain the amount of reimbursement to be available to eligible employees and/or dependents, and criteria for eligibility.
2. Establish a bookkeeping system to:
 - verify eligibility
 - calculate benefits payable
 - issue cheques for amounts payable
 - calculate total amount claimed by employee.
3. Create an information booklet for all employees outlining the Direct Reimbursement program from a practical point of view.
4. Include Direct Reimbursement in all written employee contracts as providing a Private Health Services Plan.

- Q.** Do I need claim forms for the dentist?
- A.** Simplicity of claims administration (the employee presents his signed receipt for reimbursement and is paid according to the plan) does not require the dentist to fill in a form. His receipted bill is sufficient. Note that benefits can't be assigned and cheques will not be issued to dentists.

- Q.** How about other forms?
- A.** For your records, it is wise to have an "in-house" claim form. A coordination of benefits inquiry form is needed for employees who may also qualify for benefits under another plan. See Sample Claim Forms and instruction sheet included at the end of this packet for more information.
- Q.** How is abuse of benefits controlled?
- A.** The cost sharing aspect of Direct Reimbursement plans is extremely important. This controls abuse by both claimant and dentist. The paid receipt is vitally important to avoiding abuse.
- Q.** If I can provide benefits only to \$250 maximum per year, is there a way I can extend coverage?
- A.** If your organization is large enough, you can add stop-loss insurance to pay all or a percentage of benefits exceeding a predetermined amount you are prepared to spend. Talk to your insurance agent. Most experts believe that stop-loss insurance is not necessary and the risk relating to a Direct Reimbursement plan is extremely small.
- Q.** What are the advantages to my employees?
- A.** Your employees will know exactly how much benefit they can expect before treatment is started . . . and they can expect reimbursement immediately. In addition, they know they will have coverage from the first visit to the dentist's office without having to pay any deductible before benefits commence. Of equal importance is that the employee is free to choose the dentist of his/her choice.
- Q.** Should employees contribute to Plan cost?
- A.** This is up to the individual employer. However, it should be kept in mind that by virtue of the plan design, employees do contribute by sharing the cost of treatment. Most people incur dental expenses amounting to less than \$300 per employee annually, according to 1986 figures. A payroll deduction of any significant amount could easily exceed their routine expenses.
- Q.** What is the administrative cost?
- A.** If you administer the Plan yourself, we believe you can do it for less than 3 cents per dollar of claims.
- Q.** How do employees react to having to pay their bill versus assignment of benefits?
- A.** Assignment of benefits means the dentist is paid directly by a third party with the consent of the patient and the dentist. Employees who haven't had dental benefits previously are delighted to get coverage. Employees accustomed to assignment

are likely to complain at first. However, the popular trade-off is the fact that claim forms and prior approval for certain treatment aren't required as with conventional plans.

- Q.** How important is coordination of benefits?
- A.** Coordination of benefits is a method of integrating benefits payable under more than one group insurance plan so that the insured's benefits from all sources do not exceed 100%. For small firms, this is probably not very important. Typically, coordination will reduce claims 5 to 15%. For large firms, the dollars involved could be significant. Failure to coordinate, in effect, subsidizes plans of other area employers.
- Q.** Does a Direct Reimbursement program create any tax liabilities for employers or employees?
- A.** Review of the Canadian Income Tax Act indicates that the employee will not be subject to tax on any payments made by the employer to the employee as a reimbursement for medical costs provided the payment is made by a "private health services plan" as defined in the act. An Advanced Tax Ruling in 1987 by Revenue Canada provides that, for the specific taxpayer, the direct reimbursement plan would fall into the definition of a "private health services plan", and therefore:
1. the employees are not subject to tax on the amount received by them;
 2. the employer was allowed to deduct the payments in computing his income for tax purposes, provided the payments were reasonable amounts; and
 3. the net out-of-pocket expense to the covered individual may be claimed for income tax credit.

Based upon the above-mentioned Advance Tax Ruling, the Direct Reimbursement plan should not cause any adverse tax implications in the hands of employers or employees. Compliance with the suggested documentation herein should assure qualification as a Private Health Services Plan. Application to Revenue Canada for an Advance Tax Ruling for your plan is *not* mandatory. Application and acknowledgement by Revenue Canada would positively assure your plan as meeting all criteria.

Further information is available through the Canadian Dental Association Dialogue in Dentistry Program.

The data from previous group experiences shows that, on the basis of total monthly claims cost per employee, Direct Reimbursement *can* be as low as just a few dollars per month. That's money in the bank compared to other plan designs!

Dental Plan Employee Booklet

Company _____

Address _____

Phone _____

Schedule of Benefits

Waiting Period

(Effective After _____ (weeks) _____ (months) of Service)

Dental Expense benefits

Maximum Allowance for Dental Expenses per Calendar Year (per individual) (per family) \$ _____

Sharing of Covered Expenses

The plan will pay _____ % of the first \$ _____ and _____ % thereafter up to the maximum yearly allowance.

Definition as used herein

1. Employer

The Employer is _____

2. Plan

The benefits and provisions for payment of the same described herein and called the

_____ Employee Dental Care Plan.

3. Administrator

The Administrator as used herein shall be the person or firm responsible for the day-to-day functions and management of the plan. The administrator is the Employer OR the Assigned Agent.

4. Covered Dependents

Shall include employee's spouse (who is not divorced or legally separated) and unmarried children to age _____ provided such children are dependent upon the employee for support and maintenance. Children shall include natural children, stepchildren and legally adopted children. College-aged children shall be covered provided they are full-time students until the day after graduation or the day they cease to be full-time students. Handicapped individuals shall be covered regardless of age provided they are financially dependent upon a covered employee.

5. Covered Individual

A regular full-time employee of the Company who is an "Eligible Person" hereunder and his or her "Eligible Dependents." A full-time employee is considered to be one who works _____ hours or more a week. The employee may include other individuals eligible for benefits.

6. Dentist

Shall be a properly licensed person who is a dentist rendering services and treatment within the scope of his/her licensure and training.

7. Orthodontics

The prevention or correction of teeth irregularities and malocclusion of jaws by fixed or removable appliances.

8. Waiting Period

The period of time an employee must be employed by the Employer prior to becoming eligible for coverage under the Plan. The waiting period is _____ (weeks) _____ (months).

Filing dental claims

1. Deliver your **paid** bill or receipt to the plan Administrator.
2. Complete a short claims questionnaire and sign the form indicating that questions were correctly answered. Claims should be filed within ninety (90) days of the date the claim was incurred.

Additional information

Booklets

The Employer has issued herewith to each covered employee under this Plan a booklet which summarizes the benefits to which the person is entitled, to whom benefits are payable, and the provisions of this Plan principally affecting him/her and his/her dependents.

Administration of Plan

The Plan is administered through the Employer. Records are maintained for a Plan Year ending the last day of _____ each year.

Plan Modification and Amendment

The Employer may modify or amend the Plan from time to time at its sole discretion and such amendments or modifications which affect covered participants will be communicated to participants.

Plan Termination

The Employer may terminate the Plan at any time. Upon termination, the rights of participants to benefits are limited to claims incurred to the date of termina-

tion. Any termination of the Plan will be communicated to participants. Treatment actually in progress at the time of termination and completed within 30 days of the termination date will be covered.

Plan as a Contract

This plan is a "Private Health Services Plan" contract between the employer and employee to provide the specified reimbursements for dental expenses. However, nothing in the Plan shall be deemed to give any employee the right to be retained in the service of the Employer or to interfere with the right of the Employer to discharge any employee at any time, provided, however, that the foregoing shall not be deemed to modify the provisions of any collective bargaining agreement of any employees.

Appealing a Claim

If your claim is denied in whole or in part, you will receive written notification delivered in the same fashion as reimbursement for a claim. A claim work sheet will be provided showing the calculation of the total amount payable, charges not payable, and the reason. If additional information is needed for payment of a claim, the Employer will request same. You may request a review by filing a written application with your Employer. On receipt of the written request for review of a claim, the Employer will review the claim and furnish copies of all documents and all reasons and facts relating to the decision. You may submit your opinion of the issues and your comments in writing. Requests for review must be filed within 60 days after denial is received. A decision will be made promptly upon receiving the request for review, which will be delivered to you in writing setting forth specific reasons for the decision and specific references to the pertinent plan provisions upon which the decision is based. This decision will be final.

Eligibility

Employee Coverage

All full-time employees of the Employer are eligible for coverage, or any other employee the employer deems to be eligible.

Dependents' Coverage

Each employee's dependents become eligible for dependent's coverage under the Plan on the later of the following:

- a. the date the employee is eligible; or
- b. the date an individual becomes a dependent of the employee if on that date the employee is covered.

Individual Effective Date

All persons become covered as they become eligible subject to the following:

- a. all employees who are eligible as of the effective date of the Plan will be covered as of the effective date of the Plan;

- b. new employees shall be covered on the day following the date they become eligible; and
- c. dependents shall be covered simultaneously with employees covering them as dependents.

Individual Termination of Coverage

The coverage of any employee covered under this Plan shall terminate on the earliest of the following dates:

- a. the date of termination of the Plan; or
- b. the date his/her employment ceases to be eligible; or
- c. the date benefits are terminated by modification of the Plan; or
- d. the date he/she fails to make a required contribution, if any; or
- e. the date he/she discontinues employment.

The dependent's coverage with respect to each dependent shall cease on the date such individual ceases to be dependent as defined in this Plan. The dependent's coverage with respect to all dependents of an employee shall cease on the date the employee's coverage terminates.

Dental expense benefits

Upon receipt of a paid bill and a claim form as proof that a covered person has incurred reasonable expenses for care or treatment by a dentist, the Plan will pay up to the Maximum Benefit specified in the schedule of Benefits. Claims must be submitted within ninety (90) days of date on which charges were incurred. The amount payable is subject to coordination of benefits, if applicable.

Exclusions

- a. Replacement of lost or stolen dentures or bridgework;
- b. replacement of dentures, crowns, or bridgework more than once each five years;
- c. professional fees other than the fees of the dentist; and
- d. hospital care, surgery or other expense covered under any government, or employer-sponsored medical care plan.

Coordination between the plan and other plans

The Plan has been designed to help meet the cost of dental treatment. Since it is not intended that greater benefits be paid to you than your actual dental expenses, the amount of benefits payable under the Plan will take into account any coverage a family member has under other "plans." The benefits under the Plan will be coordinated with the benefits of the other plans.

The Plan will always pay either its regular benefits in full, or a reduced amount which, when added to the benefits payable by the other plan or plans, will equal 100 percent of "Allowable Expenses."

“Allowable Expenses” means any necessary expense incurred while you are eligible for benefits under the Plan, but not any expenses contained in the list of exclusions given above. “Plan” means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by group insurance, self-insurance, or any similar plan or program.

Rights of employees

In the case of a dispute over a claim, the employee has the avenues of recourse which would be available to him/her in any dispute with his employer.

Employee Booklet instructions

Direct Reimbursement is an innovative approach to self-funding employee dental benefits. It has been supported by the Canadian Dental Association as a cost-effective way to provide dental cost assistance to employees while protecting their right to be treated by the dentist of their choice.

How it Works:

One of the most attractive features of a direct reimbursement dental plan is its simplicity of operation. Under a direct reimbursement plan, the employee and covered dependents visit the dentist of their choice, receive the necessary treatment and pay the dentist's bill directly to the dental office. The employee then presents a paid receipt or other proof of payment to his employer and is reimbursed for all or part of the expense, depending on the benefit levels of the plan.

Benefits are simply stated as a maximum dollar limit per year or a percentage thereof. Reimbursement is based on dollar expenditures rather than on services incurred. Unlike conventional plans, there are typically few limitations on specific treatments or services.

Prepare your Employee Booklet before your Dental Plan Document. The decisions you make here will help you complete the Plan Document.

The first step is to determine the level of dental benefits you plan to provide. For guidance, read the pages with “Questions and Answers.” Now turn to the Employee Booklet and fill in the blanks as follows:

Title Page (page 5)

Fill in your Company name, address and phone number. The rest of the information refers to the manner in which your Plan is funded.

Schedule of Benefits (page 5)

Enter the waiting period of time you feel is appropriate for your organization — for example, one month, three months or a year.

Maximum Allowable Expenses per Calendar Year — Enter the dollar amount upon which you have decided. Most common are \$250, \$500 and \$1000. If you are

in doubt, elect the smaller rather than the larger amount. Benefits are easily increased, but reductions are most difficult. Then decide whether the maximum should apply to each person in the family or to the entire family to the extent that one exists, marking out the option you do not choose to use.

Sharing of Covered Expense — Enter the percent you have elected to pay of each dentist's bill. Commonly, employers choose to pay 50%, 60% or 70%. A primary reason that Direct Reimbursement plans are less expensive is the requirement that the employee share in the cost of each dentist's bill. Again, if you are uncertain of exactly how much the Plan should pay, elect the lower of your choices.

The phrase “The Plan will pay _____ % of the first \$ _____ of Covered Expenses per Calendar Year” is for clarification of the Maximum Allowance stated above it. For example, the maximum allowable might be \$500, in which case the sentence clarifies how the \$500 is determined — 50% of \$1000; 80% of \$625, etc.

Definitions (page 5)

Employer — Your correct corporate name should appear identifying you as: “employer.” Your street address (not P.O. Box) should appear either here or on the cover page.

Dependents — A fairly liberal definition of dependents has been used. Children are usually covered to age 19. If you do not want the coverage to extend through college, eliminate that wording.

Waiting Period — Use the time period you selected under Schedule of benefits on page 5.

Eligibility (page 6)

Use the language that works best for you and is consistent with the decisions you have made with respect to “Waiting Period.”

You also need to decide when employees become eligible for benefits. For example, employees might become eligible: “immediately upon date of hire,” or “immediately following satisfaction of the Waiting Period,” or possibly the “first of the month following satisfaction of the Waiting Period,” to coincide with the period of time you have specified elsewhere in the Plan.

Exclusions (page 6)

If orthodontic services are to be excluded, add an item “e. orthodontic services.”

Coordination between the plan and other plans (page 6)

It is recommended that you coordinate benefits with other plans. Your employees or their dependents may be covered by other plans; therefore it is recommended that you *coordinate* benefits with these plans for the savings that may accrue.

Dental Plan Document

Company _____
Address _____

Phone _____

_____ hereby establishes
a plan for payment of certain expenses for the benefit
of its eligible employees to be known as the
_____ Employee Dental Care Plan.

_____ assures its covered
employees that, during the continuance of the Plan,
all benefits hereinafter described shall be paid to or on
behalf of them in the event they become eligible for
benefits.

The Plan is subject to all of the terms, provisions and
conditions cited on the following pages hereof.

The Plan is not in lieu of and does not affect any
requirements for coverages by the Workers' Compensa-
tion Board.

_____ has caused this
Plan to take effect as of 12:01 a.m. Standard Time on
_____ 19 _____

at _____

Authorized Signature _____

Witness _____

Schedule of benefits

(Effective After _____ (weeks) _____ (months)
of Service)

Dental Expense benefits

Maximum Allowance for Dental Expenses per Calendar
Year (per individual) (per family) \$_____

Sharing of Covered Expenses

The plan will pay _____ % of the first \$ _____
and _____ % thereafter up to the maximum yearly
allowance.

Definitions as used herein

1. Employer

The Employer is _____

2. Plan

The benefits and provisions for payment of the same
described herein and called the

_____ Employee Dental Care Plan.

3. Administrator

The Administrator as used herein shall be the person
or firm responsible for the day-to-day functions and
management of the plan. The administrator is the
Employer.

4. Covered Dependents

Shall include employee's spouse who is not divorced
(or legally separated) and unmarried children to age
_____, provided such children are dependent
upon the employee for support and maintenance. Chil-
dren shall include natural children, stepchildren and
legally adopted children. College-aged children shall be
covered provided they are full-time students until the
day after graduation or the day they cease to be full-
time students. Handicapped individuals shall be cov-
ered regardless of age provided they are financially
dependent upon a covered employee.

5. Covered Individual

A regular full-time employee of the Company who is
an "Eligible Person" hereunder and his or her "Eligi-
ble Dependents." A full-time employee is considered
to be one who works _____ hours or more a week.

6. Dentist

Shall be a properly licensed person who is a dentist
rendering services and treatment within the scope of
his/her licensure and training.

7. Orthodontics

The prevention or correction of teeth irregularities and
malocclusion of jaws by fixed or removable appliances.

8. Waiting Period

The period of time an employee must be employed by
the Employer prior to becoming eligible for coverage
under the Plan. The waiting period is _____

Eligibility

Employee Coverage

All full-time employees of the Employer are eligible for
coverage, or any other employee the employer deems
to be eligible.

Dependents' Coverage

Each employee becomes eligible for dependent's coverage under the Plan on the later of the following:

- a. the date the employee is eligible; or
- b. the date an individual becomes the dependent of the employee if on that date the employee is covered.

Individual effective date

All persons become covered as they become eligible subject to the following:

- a. all employees who are eligible as of the effective date of the Plan and have satisfied all requirements of Eligibility will be covered as of the effective date of the Plan;
- b. new employees shall be covered on the day following the date they become eligible; and
- c. dependents shall be covered simultaneously with employees covering them as dependents.

Individual termination of coverage

The coverage of any employee covered under this Plan shall terminate on the earliest of the following dates:

- a. the date of termination of the Plan; or
- b. the date his/her employment ceases to be eligible; or
- c. the date benefits are terminated by modification of the Plan; or
- d. the date he/she fails to make a required contribution, if any; or
- e. the date he/she discontinues employment.

The dependent's coverage with respect to each dependent shall cease on the date such individual ceases to be dependent as defined in this Plan. The dependent's coverage with respect to all dependents of an employee shall cease on the date the employee's coverage terminates.

Dental expense benefits

Upon receipt of a paid bill and a claim form as proof that a covered person has incurred reasonable expenses for care or treatment by a dentist, the Plan will pay up to the maximum benefit specified.

Claims must be submitted within ninety (90) days of the date on which charges were incurred. The amount payable is subject to coordination of benefits, if applicable.

Exclusions

- a. Replacement of lost or stolen dentures or bridgework;
- b. replacement of dentures, crowns, or bridgework more than once each five years;
- c. professional fees other than the fees of the dentist; and

- d. hospital care, surgery or other expense covered under any government, or employer-sponsored medical care plan.

General provisions and information

Booklets

The Employer will issue to each Covered Person under this Plan an individual description of benefits and rules, in a manner calculated to be understood by employees, which shall summarize the benefits to which the Person is entitled, to whom benefits are payable, and the provisions of this Plan principally affecting the covered persons.

Conformity with Statutes

Any provision of the Plan, which on its effective date is in conflict with the statutes of Canada, or of the jurisdiction of the province of the employer, is hereby amended to conform to the minimum requirements of such statutes.

Claims Procedure

Claims for benefits under the Plan shall conform to procedures set forth in the booklets delivered to employees and to the requirements hereinafter set forth. Written notice of claim hereunder must be given to the Employer at its principal office in _____, with particulars sufficient to identify the covered person, within ninety (90) days of the date such claim was incurred.

In the event a claim for benefits under the Plan is not paid in whole or in part, all notices in writing to be delivered to the claimant shall state the required information, including the review procedure, in a manner calculated to be understood by the claimant. Upon request for review, the officer in charge of the Personnel Office of the Employer, whose decision after such a review shall be final, shall arrange and supervise a full review within sixty (60) days of the request for review of the claim.

Facility of Payment

If, in the opinion of the Employer, a valid receipt cannot be given by the employee or dependent for the payment of any benefit payable under this Plan, the employer may, at his option, make such payments to the individual who, in the employer's opinion, assumed the care and principle support of the covered person and is therefore suitably entitled thereto.

Any payment made by the employer in accordance with the above provision shall fully discharge the employer to the extent of such payment.

Plan Administrator

The Administrator shall be responsible for compliance with the Plan. In addition, the Administrator shall have full charge of the operation and management of the Plan. The Administrator may designate any person or persons to carry out his/her responsibilities.

Any employee, agent, representative or other person performing services to or for the Plan or employer shall be entitled to reasonable compensation for services rendered, unless such person is the employer or already receives full-time pay from the employer, and for reimbursement of expenses properly and actually incurred.

Plan Modification and Amendment of Plan

The Plan and any provision thereof may be modified or amended at any time by the Administrator. Such modification or amendment shall be duly incorporated in writing into the master copy of the Plan on file with the Administrator or a written copy thereof shall be deposited with the master copy of the Plan.

Plan Termination

The Plan may be terminated at any time by the Administrator. In the event of such termination, the Administrator shall have no obligation under the Plan beyond paying the claims incurred (even though later filed) and expenses of the Plan due to the date of termination. Such claims and expenses shall be paid from the funds as normal expenses of the Plan. Treatment actually in progress at the time of termination, and completed within 30 days of the termination date will be covered.

Employer Insolvency or Bankruptcy

If an employer offering a direct reimbursement program becomes insolvent, its employees should be considered preferred creditors, thus having priority over secured creditors, but sharing equally with other preferred creditors (such as Workers' Compensation Board and the Consumer Taxation Branch for unremitted sales tax). If an employer becomes bankrupt, however, the priorities reverse and the secured creditors take priority over the claim of the employees.

Assignment

The covered employee's benefits may not be assigned directly to the dentist.

Plan as a Contract

This plan is a "Private Health Services Plan" contract between the employer and employee to provide the specified reimbursements for dental expenses. However, nothing in the Plan shall be deemed to give any employee the right to be retained in the service of the Employer or to interfere with the right of the Employer to discharge any employee at any time, provided, however, that the foregoing shall not be deemed to modify the provisions of any collective bargaining agreement of any employees.

Coordination between the plan and other plans

This provision shall apply to all sections of the Plan providing reimbursement for dental care expenses.

SECTION A.

Definitions applicable to this section

1. The term "Plan" as used in this section means any plan providing benefits or services for or by reason of dental care or treatment, which benefits or services are provided by:
 - (i) group, indemnity, Administrative Services Only, or other pre-payment coverage, coverage under a labour-management trustee plan; or
 - (ii) coverage under any plan solely or largely tax-supported or otherwise provided for by or through the action of any government.

The term "Plan" shall be construed separately with respect to each policy, contract, or other arrangement for benefits or services, and separately with respect to that portion of any such policy, contract, or other arrangement which reserves the right to take the benefits or services of other plans into consideration in determining its benefits and that portion which does not.

2. The term "this Plan" as used in this section means that portion of the Employer's Plan which provides the dental benefits that are subject to this section.
3. The term "Allowable Expense" as used in this section means any necessary item of expense at least a portion of which is covered under at least one of the plans covering the person with respect to whom the claim is made.
4. The term "Claim Determination Period" as used in this section means a period of one year commencing with the contract initiation date or any other specified date.
5. The term "Dependent" as used in this section means, with respect to this Plan, any person included within the definition of "Dependent" in this plan and, with respect to any other plan, any person who qualifies as a Dependent under such plan.

SECTION B.

Effects on Benefits

1. This section shall apply in determining the benefits as to a person covered under this Plan for any Claim Determination Period if, for the Allowable Expense incurred as to such person during such period, the sum of:
 - a. the benefits that would be payable under this Plan in absence of this section; and
 - b. the benefits that would be payable under all other plans in the absence therein of provisions of similar purpose to this section would exceed such Allowable Expense.
2. As to any Claim Determination Period with respect to which this section is applicable, the benefits that would be payable under this Plan in the absence of this provision for the Allowable Expenses incurred during such Claim Determination Period shall be reduced to the extent necessary so that the sum of such reduced benefits and all benefits for such Allowable Expenses under all other plans, provided in

item (3) of this Section B, shall not exceed the total of such Allowable Expenses. Benefits payable under another plan include the benefits that would have been payable had a claim been duly made therefor.

3. If

- a. another plan contains a provision coordinating its benefits with those of this Plan would, according to its rules, determine its benefits after the benefits of this Plan have been determined, and,
- b. the rules set forth in paragraph 4 would require this Plan to determine its benefits before such other plan, then the benefits of such other plan will be ignored for the purposes of determining the benefits under this Plan.

4. For the purposes of paragraph 3, the rules establishing the order of benefit determination are:

- a. If the claim is made on a dependent child, the plan of the parent whose birthday is earlier in the year shall be the plan from which benefits are first claimed.
 - (i) When the parents are separated or divorced and the parent with custody of the child has not remarried, the benefits of a plan which covers the child as a dependent of the parent with custody of the child will be determined before the benefits of a plan which covers the child as a dependent of the parent without custody.
 - (ii) When the parents are divorced and the parent with the custody of the child has remarried, the benefits of a plan which covers the child as a dependent of the parent with custody shall be determined, the benefits of a plan which covers that child as a dependent of the stepparent shall next be determined, and the benefits of a plan which covers that child as a dependent of the parent without custody shall finally be determined.

Notwithstanding (i) and (ii) above, if there is a court decree which would otherwise establish financial responsibility for the medical, dental or other health care expenses with respect to the child, the benefits of a plan which covers the child as a dependent of the parent which such financial responsibility shall be determined before the benefits of any other plan which covers the child as a dependent child.

- b. The benefits of a plan which covers a person other than as a dependent shall be determined before the benefits of a plan which covers such a person as a dependent.
 - c. As to plans for which rules a. and b. do not establish an order of benefit determination, the benefits of a plan which has covered the person for the longer period of time shall be determined before the benefits of a plan which has covered such person the shorter period of time.
5. When this provision operates to reduce the total amount of benefits otherwise payable to a person covered under this Plan during any Claim Determination

Period, each benefit that would be payable in the absence of this provision shall be reduced either proportionately or in such other equitable manner as the Employer shall determine, and such reduced amount shall be charged against any applicable benefit limit of this Plan.

SECTION C

Right to Receive and Release Necessary Information

For the purposes of determining the applicability of and implementing the terms of this section of this Plan or any provision of similar purpose of any other plan, the employee hereby authorizes on his behalf and on behalf of his dependents, the employer to, without the consent of or notice to any person, release to or obtain from any insurance company or other organization or person any information with respect to any person, which the Company deems to be necessary for such purposes. Any person claiming benefits under this Plan shall furnish to the Company such information as may be necessary to implement this provision.

SECTION D

Facility of Benefit Payment

When payments which would have been made under this Plan in accordance with this section have been made under any other plan, the Company shall have the right exercisable alone and in its sole discretion, to pay over to any organization making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision, and amounts so paid shall be deemed to be benefits paid under this Plan and, to the extent of such payments, the Company shall be fully discharged from liability under this Plan.

SECTION E

Right of Recovery

Whenever payments have been made by the Company with respect to Allowable Expenses in total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, the Company shall have the right to recover such payments, to the extent of such excess, from among one or more of the following, as the Company shall determine: any persons to or for or with respect to whom such payments were made, any insurance companies, and any other organizations.

Dental Plan Document Instructions

The Plan Document is the official document governing payment of benefits and, essentially, takes the place of an insurance policy. Complete the Plan Document after you have prepared the Employee Booklet.

Fill in the blanks as follows:

The Title Page (page 8)

Fill in company identification information as it appears on the title page of the Employee Booklet.

The Execution (page 8)

The first entry is your corporate name. The second entry is the name of your Plan as it appears in your booklet. The third entry is, again, your corporate name.

Identical Language Sections

Language for the following sections should be identical to that in your Employee Booklet:

- schedule of benefits
- definitions
- eligibility
- individual effective date
- individual termination of coverage
- dental expense benefits
- exclusions

General Provisions and Information (page 9)

Conformity with Statutes — Enter the name of the province that is the site of your plan. The province is normally your home province unless your home office is located in another province.

Claim Procedure

The Claim Procedure is a formality. Entry should be the city and province where you are located.

Coordination between the Plan and Other Plans (page 10)

The language and procedure referred to here is standard in the handling of coordination of benefits and across Canada, in order to assure uniform handling of claims between payers, be they insurers, third parties or others.

Change in Plan Provisions

With experience, you may choose to upgrade your dental plan. In that event, prepare a page to be inserted in your Plan Document and in each Employee Booklet.

The Dental Plan Document may be used as is, with the blanks filled in. If minimal changes are desired, type them on the prepared document, then photocopy. If substantial changes are desired, it is suggested that the document be retyped.

DIRECT REIMBURSEMENT

Claim forms and Paying claims

Application for Dental Benefits — This form replaces a conventional claim form and should be completed by the employee and person who approves claims for employer at the time payable (marked paid) receipts are presented for payment.

Questions 1-7 inclusive are self-explanatory.

Question 8 identifies the existence of another plan and possible need for Coordination of Benefits. General rules are:

1. If the claim is on the employee, your Plan is primary and another plan's benefits are disregarded in calculating benefits.
2. If the claim is on your employee's spouse, the spouse's plan is primary. In this instance, a Dental Expense Duplicate Coverage Inquiry should be mailed to the spouse's insurer or to the spouse's employer, requesting it be forwarded to the insurer. A cheque cannot be issued until the completed inquiry form is received. Upon receipt you can pay any dental expenses not paid by the spouse's carrier, but never more than you would have paid if the spouse did not have other coverage.
3. If the claim is on a dependent child, the plan of the parent whose birthday is earlier in the year is primary.
4. If the parents are divorced or if there are step-children or foster children, refer to "Coordination of Benefits" in the Plan.

Question 9 — Frequently, expenses resulting from an accident are payable under group medical plans. This should be determined prior to payment.

Question 10 — Employee should complete this to the best of his ability describing what, as he understands, procedures performed by the dentist were. Precise answers obviously aren't expected.

Question 11 — Self-explanatory.

Question 12 — Signature of employer's designate authorized to confirm employment and eligibility for benefits.

Question 13 — Self-explanatory.

Dental Explanation of Benefits is completed by the employer's designate who is responsible for paying claims. The employer should retain a copy and the employee should be furnished a copy.

The first two lines are self-explanatory.

The "effective date" is the effective date of the dental plan as relates to the particular claimant.

The "termination date" would be the termination date of employment or eligibility for coverage. Any expenses incurred after a termination date should be disregarded.

The "type and date of service" is a listing of services performed and date performed.

The "amount of expenses" is the amount of the bill.

The "covered expenses" is the amount of the bill for those expenses which are covered and not excluded by the Plan.

The "previous benefits paid" indicates the amount that the Plan has paid to the claimant in that calendar year.

The "total this payment" indicates the amount of benefits payable for this particular claim.

The "benefits paid to date" is the total of the preceding two items, and is a control to avoid exceeding the "calendar year maximum."

The "balance" is the total amount your plan can pay at the applicable percentage, subject to the maximum. This would include paying another plan's deductible.

The percentage (%) line indicates at what percent the above balance of "covered expenses" are payable.

The "total benefits payable" is the amount of the cheque you should issue, derived from multiplying the "balance of covered expenses" by the percentage rate.

Remarks may be used, for example, to indicate services not covered or charges considered ineligible.

Application for Dental Benefits

1. Employer: _____

2. Employment Date: _____

3. Employee: _____

4. Birthdate: _____

5. Patient's Name: _____

6. Age: _____

7. Does the employee's spouse have dental coverage: Yes _____ No _____
If yes, spouse's birthdate _____

8. If there is duplicate coverage, supply the name, policy number and street address of the other plan

9. Is this claim a result of an accident? Yes _____ No _____

10. Itemize your bill:

Services Performed	Date of Services	Charge

I certify that the above information is correct and hereby authorize the dentist to furnish my employer with full information regarding services rendered with the amount of compensation as well as from other plan, if any.

11. Employee's signature _____

12. Authorizing Signature _____

13. Date Submitted _____

Dental Explanation of Benefits

Employee Name	Company Name			
Patient	Age	Relationship	Eff. Date	Term. Date
Type and Date of Service	Amount of Expenses		Covered Expenses	
Remarks	Total			
	Previous Benefits Pd.		Balance	
	Total This Payment		Percentage (%)	
Appeal Language	Benefits Paid to Date		Total Benefits Payable	

If your claim is denied in whole or in part, you may appeal the denial by following the procedure which appears in your Employee Booklet. Failure to pay claims properly is never intentional. If you have lost or failed to receive a Summary Plan Description, simply request one from the person or office providing forms for filing a claim. The person with whom you file claims will explain the appeals procedure upon request.

Cheque Number _____

Was issued to you in the amount of _____

on (Date) _____

Dental Expense Duplicate Coverage Inquiry

To _____

1. Your Company Name _____ Company of Policy _____
Your Employee _____
Birthdate _____ Effective Date _____ Termination Date _____
Dependent Coverage: Yes _____ No _____ Effective Date _____
Relationship to patient _____

2. Our Company Name _____ Company of Policy _____
Our Employee _____
Birthdate _____ Effective Date _____ Termination Date _____
Dependent Coverage: Yes _____ No _____ Effective Date _____
Relationship to patient _____

3. Does your Plan have Coordination of Benefits? Yes _____ No _____

4. Patient _____ Birthdate _____

5. Have you received these bills? Yes _____ No _____

Date of Service	Type of Service	Amount of Charge	Your Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Total payment of \$ _____ was made to _____
On _____ Signed _____ Date _____
 (Date)
From: _____ Date _____
 (Signature)

Return form to: _____

AD HOC COMMITTEE ON INFECTION CONTROL

REPORT TO THE 1988 CDA BOARD OF GOVERNORS

Member: Dr. J. Hardie, Chairman - Ottawa

Executive
Liaison: Dr. R. Wenn, Charlottetown

Coordinator: Ms. Janice Forsythe

1. Committee Meeting

The first and, to date, only meeting of this "ad hoc" committee took place on Friday, April 29, 1988.

The committee understood that its mandate involved: providing additional information to complement the "Recommendations for Infection Control Procedures"; suggesting methods of ensuring that all dentists are familiar with these "Procedures" and the "Statement on the Ethical and Legal Considerations of Treating Patients with Infectious Diseases"; and addressing the issue of antibiotic prophylaxis for HIV asymptomatic, ARC and AIDS patients.

ITEMS REQUIRING BOARD ACTION

2. Recommended Philosophies

The committee had decided in advance to circulate these three major concerns to the invited participants at the second day of the CDA Conference on Infection Control. The replies, in conjunction with the committee's deliberations, formed the basis of the resulting suggestions and recommendations.

In approaching its mandate, the committee recognized two pertinent philosophical positions.

RESOLVED:

88.68 THAT the following two concepts be the cornerstones of CDA's Infection Control Policies, and that they be clearly stated in all pertinent documentation and educational material:

- i) It is the responsibility of a dentist to examine his or her patient and determine the treatment needs of that patient regardless of the patient's infectious status. Since treatment must not be refused on the grounds of infectious status alone, dental treatment should in most cases be rendered in the dental office. If this philosophy is not universally accepted in conjunction with current infection control practices, the public will continue to express reservations regarding the potential for disease transmission in the dental office.
- ii) In accepting this concept, it must also be realized that the dental office environment and the nature of dental practice prevent the attainment of an operating room level of sterility. Thus, all dental health care workers must appreciate that there is a risk - albeit a small one - of acquiring occupationally related infections, no matter what their type of practice or disease prevention protocols.

ADOPTED

3. Continuing Education

The replies received by the committee indicated an enthusiasm for presentations modelled on the legal/ethical sessions recently sponsored by CDA. There was also the suggestion that such discussions, including ones on disease prevention, should be developed and organized at the provincial level.

RESOLVED:

- 88.69 THAT the Board encourage provincial associations to develop continuing education courses on the prevention of disease transmissions, including the moral, legal, and ethical aspects associated with treating infectious patients. In addition, the Committee would urge that such associations use the Speakers Bureau and the extensive bibliography being accumulated by the Library.

ADOPTED

4. Prophylactic Antibiotics

While the replies received by the Committee indicated that prophylactic antibiotics should not be prescribed routinely for ARC and AIDS patients, the responses suggested that in certain instances - which were not defined - antibiotics should be prescribed. In attempting to resolve this dilemma the committee decided that each case must be judged on its own merits; for instance, the patient may have a cardiac problem which would usually necessitate a prophylactic antibiotic, and/or the patient may have an acute infection which would usually dictate a therapeutic antibiotic. Accordingly, the Committee decided upon the following:

- i) There appears to be inadequate scientifically documented information to allow the formulation of a definite, precise policy regarding the use of antibiotics among symptomatic ARC and AIDS patients.
- ii) It may be prudent for the Canadian dental academic community to enter a nation-wide multi-centre clinical research project which would address this issue in conjunction with an investigation of the potential interactions of drugs commonly prescribed by dentists and drugs used to control HIV infections and their sequelae.
- iii) Until more information becomes available, the logical approach to antibiotic prophylaxis would appear to be:

-
- a) if the patient is HIV antibody positive but otherwise asymptomatic and the dentist's judgment is that based upon the medical history (exclusive of the HIV status) and/or clinical findings, and antibiotic is justified, the dentist should prescribe the appropriate antibiotic according to established principles;
 - b) if the patient has ARC or AIDS and the dentist's judgment is that based upon the medical history (exclusive of the ARC or AIDS status) and/or clinical findings, and antibiotic is justified, the patient's attending physician must be consulted as to whether or not an antibiotic should be prescribed and, if so, which is the most appropriate.

RESOLVED:

- 88.70** THAT the Board ask ACFD, the faculties of dentistry, or other appropriate organizations, to explore the establishment of a research project as described in (ii) above. In addition, the committee recommends that the statement regarding antibiotics, i.e. (iii) above, be circulated to the members of the Dental Specialties Committee for their comments. This circulation is to be accompanied by a suitable preamble.

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****5. Convention Booth**

The committee decided that a CDA Sponsored Booth on Infection Control, at the 1988 Edmonton Convention, would serve a useful, cost-effective function. This would be manned by knowledgeable general practitioners, specialists with an interest in infection control, and perhaps a member of CDA staff. The purpose would be to demonstrate CDA's commitment to this discipline, to answer questions, to gather concerns and to establish two-way communication with practising dentists and their staff. The booth will be located at the entrance to the Trade Show. Times during which it will be manned for the purposes of the Infection Control Sessions will be posted at the booth.

6. Changes To Recommendations

The Committee recognized that, while there may be some validity in changing certain "musts and shalls" in the approved recommendations, its mandate did not give it this authority. Accordingly, the committee believes that no further changes should be made unless they are moved as formal amendments at the Board of Governors Meeting.

7. Infection Control Procedures

A document is being prepared which expands upon each of the points contained within the Board of Governors approved "Recommendations for Infection Control Procedures". This provides the rationale and practical information which will simplify implementation of the recommendations. Once the committee has had a chance to review this draft document further, it will be forwarded to all dentists as an information package, in conjunction with a pertinent bibliography.

8. Journal Column

The committee recommends that a question and answer column on infection control be published in the Journal. Dentists would be encouraged to submit questions which will be answered by their colleagues or qualified health care workers. The initial column could appear in the fall when the Journal will feature a number of articles on infectious diseases.

9. Speakers Bureau

The Committee has asked Ms. Forsythe to develop a Speakers Bureau on Infection Control. The purpose would be to assist organized dentistry (at all levels); public health associations; allied health care organizations; the public; and the media, to answer questions and develop educational material.

10. Journal Articles

The Committee was made aware that Ms. T. Tremayne-Lloyd (lawyer) will be publishing regular articles in the Journal which will focus on the legal aspect of patient management. In addition, articles on ethics, morals, and quality assurance are being prepared by Dr. Brian Rocky and others.

11. Summary

The committee believes that its immediate mandate has been satisfied by the various ideas, suggestions, and recommendations contained within this report. A further meeting may be required to review the draft document currently being prepared. At Executive Council's direction, the committee would be prepared to continue its work if necessary follow-up is required.

Respectfully submitted,

John Hardie, B.D.S., M.Sc., FRCDS
Chairman, Ad Hoc Committee on
Infection Control

ADOPTION OF REPORT

The Board of Governors accepts the report of the Ad Hoc Committee on Infection Control with appreciation.

The Board of Governors commends Drs. Hardie and Wenn and Ms. Forsythe for their excellent work in producing the document "Implementation of the Recommendations for Infection Control Procedures."

ROLES AND RESPONSIBILITIES COMMITTEE

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members: Dr. Kevin L. Roach, Chairman, Pembroke
Dr. Jack Niedermayer, Regina
Dr. Robert N. Hicks, West Vancouver

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

The Committee has not met since reporting to the 1988 Interim Board; all business has been conducted by correspondence and telephone.

ITEMS REQUIRING BOARD ACTION

2. Roles and Responsibilities - Members of Management Committee

At the 1988 Interim Meeting of the CDA Board of Governors, a restructuring of the Management Committee was approved and the Roles and Responsibilities Committee was directed to review and define roles and responsibilities under the new structure.

RESOLVED:

88.71 THAT the Roles and Responsibilities of the President be approved as amended.

APPENDIX I

ADOPTED

RESOLVED:

88.72 THAT the Roles and Responsibilities of the President-Elect be approved as amended.

APPENDIX II

ADOPTED

ROLES AND RESPONSIBILITIES COMMITTEE

- 2 -

RESOLVED:

88.73 THAT the appended Roles and Responsibilities of
the Vice-President be approved.

APPENDIX II

ADOPTED

Respectfully submitted,

Kevin L. Roach, D.D.S.
Chairman

ADOPTION OF REPORT

The Board of Governors accepts the report of the Roles and Responsibilities Committee with appreciation.

APPENDIX I

CURRENT

ARTICLE XI

OFFICERS AND OFFICIALS

Section 2 - Roles and Responsibilities of the President

- (a) shall be the Chief Elected Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (c) shall be the chief spokesperson of the Association.
- (d) shall be the Chairperson of the Executive Council and the Management Committee.
- (e) shall serve as ex-officio member of all councils and committees of the Association.
- (f) shall report to all meetings of the Board of Governors and Executive Council.
- (g) shall make interim appointments to fill vacancies existing in all Councils and Committees.
- (h) shall be responsible for appointing special committees when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (i) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (j) shall sign official documents when required.
- (k) shall delegate his responsibilities for appropriate action when he is unable to fulfill some.
- (l) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (m) shall succeed to the office of the Past-President.

APPENDIX I

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 2 - Roles and Responsibilities of the President

- (a) shall be the Chief Elected Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (c) shall be the chief spokesperson of the Association.
- (d) shall be the Chairperson of the Executive Council and a member of Management.
- (e) shall serve as ex-officio member of all councils and committees of the Association.
- (f) shall report to all meetings of the Board of Governors and Executive Council.
- (g) shall make interim appointments to fill vacancies existing in all Councils and Committees.
- (h) shall be responsible for appointing special committees when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (i) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (j) shall sign official documents when required.
- (k) shall delegate his responsibilities for appropriate action when he is unable to fulfill some.
- (l) shall appoint the Chairmen of all Councils and Committees as well as the Executive Liaison to the same, immediately following the Annual Meeting of the Board of Governors.
- (m) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (n) shall succeed to the office of the Past-President.

APPENDIX II

CURRENT

ARTICLE XI

OFFICERS AND OFFICIALS

Section 3 - Roles and Responsibilities of the President-Elect

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) shall be responsible for the preparation of the budget and presentation of the financial statements to the Executive Council and subsequently to the Board of Governors.
- (d) shall succeed to the office of the President at the next annual meeting of Board of Governors following election as President-Elect.

APPENDIX II

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 3 - Roles and Responsibilities of the President-Elect

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) shall be a member and Chairman of the Management Committee.
- (d) shall be responsible for the preparation of the budget and presentation of the financial statements to the Executive Council and subsequently to the Board of Governors.
- (e) shall succeed to the office of the President at the next annual meeting of Board of Governors following his/her term as President-Elect.

APPENDIX III

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 4 - Roles and Responsibilities of the Vice-President

- (a) shall assist and support the President in the performance of his/her duties.
- (b) shall represent the Association at the request of the President.
- (c) shall be a member of the Management Committee.
- (d) shall act as Chairman of the Committee on Nominations, Awards and Trusts.
- (e) shall succeed to the office of the President-Elect at the next annual meeting of the Board of Governors following election as Vice-President.

COUNCIL ON CONSTITUTION AND BY-LAWS

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members: Dr. G.H. Peacock, Chairman, Saskatoon
Dr. M.J. Crompton, Moncton
Dr. M.J.R. Leitch, Kelowna
Dr. R.R. Schiewe, Thunder Bay
Mr. A.J. Neilson

Executive
Liaison: Dr. Ray Wenn, Charlottetown

Coordinator: Mrs. Sandra Deziel

1. Council Meetings

Since the 1988 Interim Meeting of the Board all items requiring action were handled through a Conference Call on May 17, 1988 or through written correspondence.

It should be also noted that prior to the Council's discussion on the recommendations contained herein, Council Coordinator, Mrs. Sandra Deziel met with Miss Susan Green, Examiner, Corporations Branch, Consumer and Corporate Affairs. The purpose of this meeting was to clarify CDA By-Law requirements relative to the Corporations Branch - Non-Profit Policy. The results of the meeting provided information that our By-Laws lacked a general statement, with the respect to a requirement for notice of meeting, voting rights and remuneration as they pertain to Executive Council.

Recommendations regarding these requirements are contained within this report.

ITEMS REQUIRING BOARD ACTION

At the 1988 Interim meeting of the Board certain notices of motion were referred to the Council on Constitution and By-Laws for implementation within the Constitution and By-Laws. These items were reviewed by your Council and the following amendments are recommended:

2. Allocation of Seats - CDA Board of Governors - Affiliate Members

Resolutions of Interim Meeting:

88.4 THAT a province be eligible for a maximum of one additional (affiliate) voting seat on the Board of Governors of CDA when affiliate membership in the province is greater than 250 members.

 THAT the appointment of the additional governor be the prerogative of the President of the CDA in consultation with the provincial corporate body; the appointee must be an affiliate member of CDA.

 THAT an affiliate governor not be entitled to serve as a member of the Executive Council.

 THAT the Council on Constitution and By-Laws be directed to prepare the necessary amendments to implement this policy.

ADOPTED

RESOLVED:

88.74 THAT Article VI - Privileges to Members, Section 3 - Affiliate Members be approved as amended.

APPENDIX I

ADOPTED

RESOLVED:

88.75 THAT Article VIII - Board of Governors, Section 1 Composition be approved as amended.

APPENDIX II

ADOPTED

RESOLVED:

88.76 THAT Article VIII - Board of Governors, Section 2 Elections be approved as amended.

APPENDIX III

ADOPTED

3. Structure - Management Committee

Resolution of Interim Meeting:

88.12 THAT the CDA Management Committee structure be revised to comprise a Vice-President, President-Elect and a President; and,

THAT the appended scenario for change be approved, including provision to elect a Vice-President at the 1989 Interim Meeting; and,

THAT the Council on Constitution and By-Laws be directed to make the necessary By-Law amendments.

ADOPTED

RESOLVED:

88.77 THAT in addition to the changes indicated in Appendix II and III reflecting the addition of the Vice-President to the current Article VIII, Section 1 (a), Section 2 (c), (e).

THAT Article VIII, Section 13 (a) - Financial Responsibility be approved as amended.

APPENDIX IV

ADOPTED

RESOLVED:

88.78 THAT Article IX, Section 2 - Composition be approved as amended.

APPENDIX V

ADOPTED

The Board of Governors directs the Council on Constitution and By-Laws to review Article IX, Executive Council, Section 2 - Composition, with respect to geographic representation.

RESOLVED:

88.79 THAT Article X, Section 2 - Vacancy of President be approved as amended.

APPENDIX VI

ADOPTED

RESOLVED:

- 88.80 THAT Article X, Section 5 - Ballots be approved as amended.

APPENDIX VII

ADOPTED

RESOLVED:

- 88.81 THAT Article XI, Section 1 - Elective Officers of the Association be approved as amended.

APPENDIX VIII

ADOPTED

RESOLVED:

- 88.82 THAT Article XI, Section 2 - Roles and Responsibilities of the President be approved as amended.

APPENDIX IX

ADOPTED

RESOLVED:

- 88.83 THAT Article XI, Section 3 - Roles and Responsibilities of the President-Elect be approved as amended.

APPENDIX X

ADOPTED

RESOLVED:

- 88.84 THAT Article XI, Section 4 - Roles and Responsibilities of the Immediate Past President become Article XI, Section 5 and in its place Article XI, Section 4 - Responsibilities of the Vice-President be approved as amended.

APPENDIX XI

ADOPTED

RESOLVED:

- 88.85 THAT Article XI, Section 5 - Roles and Responsibilities of the Executive Director become Article XI, Section 6 - Roles and Responsibilities of the Executive Director.

APPENDIX XI

ADOPTED

RESOLVED:

- 88.86 THAT Article XI, Section 6 - Roles and Responsibilities of the Management Committee become Article XI, Section 7 - Roles and Responsibilities of the Management Committee and be approved as amended.

APPENDIX XII

ADOPTED

RESOLVED:

- 88.87 THAT Article XIV, Meetings of Voting Members, Section 2 - Special Meetings be approved as amended.

APPENDIX XIII

ADOPTED

RESOLVED:

- 88.88 THAT Article XIV, Meetings of Voting Members, Section 7 - Chairman of Meetings be approved as amended.

APPENDIX XIV

ADOPTED

RESOLVED:

- 88.89 THAT Article XXIV Execution of Documents be approved as amended.

APPENDIX XV

ADOPTED

4. Council/Committee Structure

Motion of Interim Board:

88.28 THAT the following be confirmed as Councils:

Executive
Education and Accreditation
Insurance and Investment
Constitution and By-Laws

ADOPTED

88.29 THAT the following be designated Committees of
Executive Council:

Convention
Consumer Products Recognition
Dental Materials and Devices
Dental Specialties
Government Relations
Nominations, Awards and Trusts
Management
Membership Services
Publications
Salaried Dentists
Taxation
Third Party

ADOPTED

88.30 THAT the following be designated Committees of the Board of
Governors:

Ethics
Health Care
Hospital and Institutional Services
Information Services
Student Affairs

ADOPTED

RESOLVED:

88.90 THAT Article XVI - Councils and Committees,
Section 1 be approved as amended.

APPENDIX XVI

ADOPTED

RESOLVED:

- 88.91 THAT Article XVI, Section 2 - Nomination and Election be approved as amended.

APPENDIX XVII

ADOPTED

RESOLVED:

- 88.92 THAT Article XVI, Section 4 - Terms of Reference be approved as amended.

APPENDIX XVIII

ADOPTED

RESOLVED:

- 88.93 THAT Article X, Section 4 - Nominations be approved as amended.

APPENDIX XIX

ADOPTED

RESOLVED:

- 88.94 THAT Article X, Section 6 - Nominations be approved as amended.

APPENDIX XX

ADOPTED

5. Executive Council

The following recommendations are pursuant to CDA By-Laws requirements relative to the Corporations Branch - Non Profit Policy.

RESOLVED:

- 88.95 THAT Article IX - Executive Council be approved as amended.

APPENDIX XXI

ADOPTED

6. Membership Committee

The members of Council were informed that the Membership Committee is recommending two amendments to the Constitution and By-Laws. Due to the fact that members of the Council have not had the opportunity to review the proposed changes it was decided to recommend to the Membership Committee that their recommendations be directed to Executive Council for executive comment and hence to the Board of Governors meeting. The Council on Constitution will await direction from the Executive and/or the Board on this matter.

Executive Council directed that the Council on Constitution and By-Laws present appropriate recommendations for changes to the By-Laws to the 1988 Annual Meeting of the Board.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Members of Council acknowledge with sincere appreciation the fine efforts of Mrs. S. Deziel, Mr. Jardine Neilson and other members of the CDA staff.

Respectfully submitted,

George H. Peacock, Chairman
Council on Constitution and
By-Laws

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Constitution and By-Laws with appreciation.

COUNCIL ON CONSTITUTION AND BY-LAWS
(ADDENDUM)

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members:	Dr. G.H. Peacock, Chairman, Saskatoon Dr. M.J. Crompton, Moncton Dr. M.J.R. Leitch, Kelowna Dr. R.R. Schiewe, Thunder Bay Mr. A.J. Neilson
Executive Liaison:	Dr. Ray Wenn, Charlottetown
Coordinator:	Mrs. Sandra Deziel

1. Council Meeting

A Conference Call Meeting of your Council took place on June 23, 1988. The purpose of the meeting was to attend to the recommendations of the Membership Committee which were approved by Executive Council during their pre-Board Meeting. Reference to the amendments being recommended by the Membership Committee, was made in the initial report of the Council on Constitution and By-Laws under Item 6, such reference being made at the May 17, 1988, meeting of the Council.

ITEMS REQUIRING BOARD ACTION

2. Life Membership

Executive Council direction:

THAT the Membership Committee recommend to the Council on Constitution and By-Laws a change in the criteria for Life Membership, altering the requirements from a minimum of 40 years of membership in good standing to a minimum of 50 years of membership in good standing in the Canadian Dental Association (including student years), to be effective January 1, 1989;

RESOLVED:

88.96 THAT Article V, Section 5 - Life Members be approved as amended.

APPENDIX XXII

UNANIMOUSLY ADOPTED

COUNCIL ON CONSTITUTION AND BY-LAWS
(ADDENDUM)

- 2 -

3. Retired Dentist Membership Category

Executive Council direction:

THAT the Membership Committee accepts the principle of a Retired Dentist Membership fee category and recommends that a new category of membership be established for senior members of the dental profession who are permanently retired from practice and who are no longer licensed to practice dentistry.

RESOLVED:

88.97 THAT Article V - Membership be approved as amended.

APPENDIX XXIII
ADOPTED

RESOLVED:

88.98 THAT Article V, Section 7 - Supporting Members, become Article V, Section 8, and in its place Article V, Section 7 - Retired Members be approved as amended.

APPENDIX XXIV
ADOPTED

RESOLVED:

88.99 THAT the current Article V, Section 7 - Supporting Members be approved as amended.

APPENDIX XXV
ADOPTED

4. Retired Dentist Members - Privileges

RESOLVED:

88.100 THAT Article VI, Section 7 - Supporting members become Article VI, Section 8 and in its place Article VI, Section 7 - Retired Members be approved as amended, and further THAT Article VI, Section 8 - Entitlement to Vote become Article VI, Section 9.

APPENDIX XXVI
ADOPTED

COUNCIL ON CONSTITUTION AND BY-LAWS
(ADDENDUM)

- 3 -

5. Executive Council Approval of Life Members

The Executive Council reviewed the requirements for Executive Council to review and approve applications for Life and Supporting Membership and requested that this requirement be eliminated.

In reviewing the current Article IX, Section 7 (r), the Council was informed that the admitting of Affiliate Members is presently being undertaken by the Membership Committee, rather than Executive Council.

RESOLVED:

88.101 THAT Article IX, Section 7 - Roles and Responsibilities of Executive Council be approved as amended.

APPENDIX XXVII

ADOPTED

Respectfully submitted,

G.H. Peacock, D.D.S.,
Chairman, Council on
Constitution and By-Laws

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Constitution and By-Laws (Addendum) with appreciation.

CURRENT

ARTICLE VI

PRIVILEGES OF MEMBERS

Section 3 - Affiliate Members

- (a) An Affiliate member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association.
- (b) An Affiliate member shall be entitled to attend scientific sessions of the Association on payment of applicable registration fees and to enjoy such other services as are authorized by the Executive Council. He shall not be entitled to serve as a member of the Board of Governors, the Executive Council or as chairman of a council. Affiliate members shall not be entitled to vote on any question arising at any meeting of members of the Association.
- (c) Affiliate members will not be caused to forfeit eligibility to Association-sponsored insurance and investment plans while under temporary disciplinary suspension of license.

PROPOSED

ARTICLE VI

PRIVILEGES OF MEMBERS

Section 3 - Affiliate Members

- (a) An Affiliate member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association.
- (b) An Affiliate member shall be entitled to attend scientific sessions of the Association on payment of applicable registration fees and to enjoy such other services as are authorized by the Executive Council. He shall not be entitled to serve as a member of the Executive Council or as chairman of a council. Affiliate members shall not be entitled to vote on any question arising at any meeting of members of the Association.
- (c) Affiliate members will not be caused to forfeit eligibility to Association-sponsored insurance and investment plans while under temporary disciplinary suspension of license.

APPENDIX II

CURRENT

ARTICLE VIII

BOARD OF GOVERNORS

Section 1 - Composition

- (a) There shall be a Board of Governors which shall include (i) the President; (ii) the Immediate Past President; (iii) the President-Elect; (iv) one member from each Provincial Corporate Member for the first 500 active and licensed life members or part thereof exclusive of members who are officers of the Canadian Forces Dental Services; (v) one member for each additional 500 active and licensed life members or majority thereof in each province, exclusive of members who are officers in the Canadian Forces Dental Services; (vi) one member representative of the Student members; (vii) one member for each 500 active and licensed life members or part thereof of the members who are officers in the Canadian Forces Dental Services. Every member of the Board other than a Student Member shall while holding office be and remain an Active Member of the Association.
- (b) In addition, there shall be two non-voting members, namely, the senior dental representative of the Department of National Health and Welfare and the Department of Veterans Affairs.
- (c) The Chairman of the Board of Governors and the appointed officials of the Association shall be ex-officio members without the power to vote.

PROPOSED

ARTICLE VIII

BOARD OF GOVERNORS

Section 1 - Composition

- (a) There shall be a Board of Governors which shall include (i) the President; (ii) the Immediate Past President; (iii) the President-Elect; (iv) **the Vice-President;** (v) one member from each Provincial Corporate Member for the first 500 active and licensed life members or part thereof exclusive of members who are officers of the Canadian Forces Dental Services; (vi) one member for each additional 500 active and licensed life members or majority thereof in each province, exclusive of members who are officers in the Canadian Forces Dental Services; (vii) one member representative of the Student members; (viii) one member for each 500 active and licensed life members or part thereof of the members who are officers in the Canadian Forces Dental Services; (ix) **one member representative of Affiliate members from a province wherein the Affiliate membership in that province is greater than 250 members.** Every member of the Board other than a Student Member **or an Affiliate member appointed in accordance with (ix) of this section** shall while holding office be and remain an Active Member of the Association.
- (b) In addition, there shall be two non-voting members, namely, the senior dental representative of the Department of National Health and Welfare and the Department of Veterans Affairs.
- (c) The Chairman of the Board of Governors and the appointed officials of the Association shall be ex-officio members without the power to vote.

APPENDIX III

CURRENT

ARTICLE VIII

BOARD OF GOVERNORS

Section 2 - Elections

- (a) Each Corporate member shall elect or appoint its representative or representatives to the Board of Governors in such manner as the Corporate member may decide.
- (b) In like manner the Council on Student Affairs shall select its representative member on the Board of Governors.
- (c) When the representative of the Corporate member assumes the office of President or President-Elect such Corporate member shall elect or appoint another representative to fill the vacancy on the Board of Governors so created for the duration of the said President's or President-Elect's term of office.
- (d) No person shall be eligible for election or appointment until he has signified in writing his willingness to serve, his agreement to adhere to the By-laws of the Association and of his intention of attending meetings of the Board of Governors while a member.
- (e) No member of the Association shall be eligible to be a voting member of the Board of Governors for more than three consecutive terms of two years, unless he is elected to the office of President-Elect in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes President-Elect.

PROPOSED

ARTICLE VIII

BOARD OF GOVERNORS

Section 2 - Elections or Appointments

- (a) Each Corporate member shall elect or appoint its representative or representatives to the Board of Governors in such manner as the Corporate member may decide.
- (b) In like manner the Council on Student Affairs shall select its representative member on the Board of Governors.
- (c) Where an Affiliate member representative is appointed in accordance with Article VIII, Section 1 (a), such an appointment shall be made by the President of the Canadian Dental Association following consultation with the applicable provincial corporate body. Any affiliate member representative so appointed may be removed by the President of the Canadian Dental Association following consultation with the applicable provincial corporate body.
- (d) When the representative of the Corporate member assumes the office of President or President-Elect or Vice-President, such Corporate member shall elect or appoint another representative to fill the vacancy on the Board of Governors so created for the duration of the said President's or President-Elect's or Vice-President's term of office.
- (e) No person shall be eligible for election or appointment until he has signified in writing his willingness to serve, his agreement to adhere to the By-laws of the Association and of his intention of attending meetings of the Board of Governors while a member.
- (f) No member of the Association shall be eligible to be a voting member of the Board of Governors for more than three consecutive terms of two years, unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

APPENDIX IV

CURRENT

ARTICLE VIII

BOARD OF GOVERNORS

Section 13 - Financial Responsibility

- (a) The Association shall assume reasonable expenses for the President, President-Elect, and immediate Past President and voting members of the Board of Governors to attend sessions of the Board of Governors, as defined in the Association's policies.
- (b) The Association shall also assume reasonable expenses for the Chairman of the Board of Governors, the appointed officials and the chairman of councils to attend sessions of the Board of Governors.
- (c) The financial responsibility for other non-voting members to attend sessions of the Board of Governors shall not be assumed by the Association.

PROPOSED

ARTICLE VIII

BOARD OF GOVERNORS

Section 13 - Financial Responsibility

- (a) The Association shall assume reasonable expenses for the President, President-Elect, **Vice-President** and immediate Past President and voting members of the Board of Governors to attend sessions of the Board of Governors, as defined in the Association's policies.
- (b) The Association shall also assume reasonable expenses for the Chairman of the Board of Governors, the appointed officials and the chairman of councils to attend sessions of the Board of Governors.
- (c) The financial responsibility for other non-voting members to attend sessions of the Board of Governors shall not be assumed by the Association.

APPENDIX V

CURRENT

ARTICLE IX

EXECUTIVE COUNCIL

Section 2 - Composition

The Executive Council shall consist of the President, Immediate Past President, President-Elect and six additional members. The President-Elect and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Quebec
- (f) Provinces of New Brunswick, Nova Scotia, P.E.I., and Newfoundland.

PROPOSED

ARTICLE IX

EXECUTIVE COUNCIL

Section 2 - Composition

The Executive Council shall consist of the President, Immediate Past President, President-Elect, **Vice-President** and six additional members. The **Vice-President** and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Quebec
- (f) Provinces of New Brunswick, Nova Scotia, P.E.I., and Newfoundland.

APPENDIX VI

CURRENT

ARTICLE X

ELECTION OF OFFICERS

Section 2 - Vacancy of President

In the event the office of President becomes vacant, the President-Elect shall become President for the unexpired portion of the term. In the event the office of President-Elect becomes vacant, the office of President for the ensuing year shall be filled at the next Annual Meeting of the Board in the same manner as provided for nominations and election of Elective Officers.

PROPOSED

ARTICLE X

ELECTION OF OFFICERS

Section 2 - Vacancy of President

In the event the office of President becomes vacant, the President-Elect shall become President for the unexpired portion of the term. In the event the office of President-Elect becomes vacant, **the Vice-President shall become President-Elect for the unexpired portion of the term. In the event that the office of both the President-Elect and Vice-President becomes vacant,** the office of President for the ensuing year shall be filled at the next Annual Meeting of the Board in the same manner as provided for nominations and election of Elective Officers.

APPENDIX VII

CURRENT

ARTICLE X

ELECTION OF OFFICERS

Section 5 - Ballots

The President-Elect, other members of the Executive Council, Chairman of the Board of Governors and members of other councils shall be elected by separate ballot.

APPENDIX VII

PROPOSED

ARTICLE X

ELECTION OF OFFICERS

Section 5 - Ballots

The **Vice-President**, other members of the Executive Council, Chairman of the Board of Governors and members of other councils shall be elected by separate ballot.

APPENDIX VIII

CURRENT

ARTICLE XI

OFFICERS AND OFFICIALS

Section 1 - Elective Officers of the Association

The elective officers of the Association shall be the President and President-Elect. Only Active members of the Association who are in good standing and are voting members of the Board of Governors shall be eligible to serve as elective officers.

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 1 - Elective Officers of the Association

The elective officers of the Association shall be the President, President-Elect and **Vice-President**. Only Active members of the Association who are in good standing and are voting members of the Board of Governors shall be eligible to serve as elective officers.

APPENDIX IX

CURRENT

ARTICLE XI

OFFICERS AND OFFICIALS

Section 2 - Roles and Responsibilities of the President

- (a) shall be the Chief Elected Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (c) shall be the chief spokesperson of the Association.
- (d) shall be the Chairperson of the Executive Council and the Management Committee.
- (e) shall serve as ex-officio member of all councils and committees of the Association.
- (f) shall report to all meetings of the Board of Governors and Executive Council.
- (g) shall make interim appointments to fill vacancies existing in all Councils and Committees.
- (h) shall be responsible for appointing special committees when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (i) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (j) shall sign official documents when required.
- (k) shall delegate his responsibilities for appropriate action when he is unable to fulfill some.
- (l) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (m) shall succeed to the office of the Past-President.

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 2 - Roles and Responsibilities of the President

- (a) shall be the Chief Elected Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (c) shall be the chief spokesperson of the Association.
- (d) shall be the Chairman of the Executive Council.
- (e) shall serve as ex-officio member of all councils and committees of the Association.
- (f) shall report to all meetings of the Board of Governors and Executive Council.
- (g) shall make interim appointments to fill vacancies existing in all Councils and Committees.
- (h) shall be responsible for appointing special committees when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (i) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (j) shall sign official documents when required.
- (k) shall delegate his responsibilities for appropriate action when he is unable to fulfill some.
- (l) shall appoint the Chairman of all Councils and Committees as well as the Executive Liaison to the same, immediately following the Annual Meeting of the Board of Governors.
- (m) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (n) shall succeed to the office of the Past-President.

APPENDIX X

CURRENT

ARTICLE XI

OFFICERS AND OFFICIALS

Section 3 - Roles and Responsibilities of the President-Elect

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) shall be responsible for the preparation of the budget and presentation of the financial statements to the Executive Council and subsequently to the Board of Governors.
- (d) shall succeed to the office of the President at the next annual meeting of Board of Governors following election as President-Elect.

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 3 - Roles and Responsibilities of the President-Elect

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) **shall be a member and Chairman of the Management Committee.**
- (d) shall be responsible for the preparation of the budget and presentation of the financial statements to the Executive Council and subsequently to the Board of Governors.
- (e) shall succeed to the office of the President at the next annual meeting of Board of Governors following **his term** as President-Elect.

CURRENT

ARTICLE XI

OFFICERS AND OFFICIALS

Section 4 - Roles and Responsibilities of the Immediate Past-President

Section 5 - Roles and Responsibilities of the Executive Director

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 4 - Roles and Responsibilities of the Vice-President

- (a) shall assist and support the President in the performance of his duties.
- (b) shall represent the Association at the request of the President.
- (c) shall be a member of the Management Committee.
- (d) shall act as Chairman of the Committee on Nominations, Awards and Trusts.
- (e) shall succeed to the office of the President-Elect at the next annual meeting of the Board of Governors following election as Vice-President.

Section 5 - Roles and Responsibilities of the Immediate Past-President

Section 6 - Roles and Responsibilities of the Executive Director

CURRENT

ARTICLE XI

OFFICERS AND OFFICIALS

Section 6 - Roles and Responsibilities of the Management Committee

The Management Committee shall be a committee of the Executive Council and consist of three members, the Immediate Past-President, the President-Elect and the President who shall be the chairperson:

- (a) shall assure that all money securities, deeds and real property belonging to the Association are properly secured and accounted for.
- (b) shall provide advice to Executive Council on the Association's affairs.
- (c) shall perform such other duties as may be designated by the Executive Council or these By-Laws.
- (d) shall keep a Minute Book and report to the Executive Council.
- (e) shall review all budgets and financial statements presented by the President-Elect for the forthcoming year and the auditor's reports prior to presentation to the Executive Council and Board of Governors.

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 7 - Roles and Responsibilities of the Management Committee

The Management Committee shall be a committee of the Executive Council and consist of **four** members, the Immediate Past-President, the President, **the Vice-President**, and the President-Elect who shall be the chairperson:

- (a) shall assure that all money securities, deeds and real property belonging to the Association are properly secured and accounted for.
- (b) shall provide advice to Executive Council on the Association's affairs.
- (c) shall perform such other duties as may be designated by the Executive Council or these By-Laws.
- (d) shall keep a Minute Book and report to the Executive Council.
- (e) shall review all budgets and financial statements presented by the President-Elect for the forthcoming year and the auditor's reports prior to presentation to the Executive Council and Board of Governors.

APPENDIX XIII

CURRENT

ARTICLE XIV

MEETINGS OF VOTING MEMBERS

Section 2 - Special Meetings

Other meetings of the voting members, whether special or general, may be convened by the President or the President-Elect or by the Board of Governors at any time or any place.

APPENDIX XIII

PROPOSED

ARTICLE XIV

MEETINGS OF VOTING MEMBERS

Section 2 - Special Meetings

Other meetings of the voting members, whether special or general, may be convened by the President or the President-Elect **or the Vice-President** or by the Board of Governors at any time or any place.

APPENDIX XIV

CURRENT

ARTICLE XIV

MEETINGS OF VOTING MEMBERS

Section 7 - Chairman of Meetings

The Chairman of the Board of Governors, or in his absence the President, or in his absence the President-Elect, shall be the Chairman of a meeting of voting members.

APPENDIX XIV

PROPOSED

ARTICLE XIV

MEETINGS OF VOTING MEMBERS

Section 7 - Chairman of Meetings

The Chairman of the Board of Governors, or in his absence the President, or in his absence the President-Elect, **or in his absence the Vice-President**, shall be the Chairman of a meeting of voting members.

APPENDIX XV

CURRENT

ARTICLE XXIV

EXECUTION OF DOCUMENTS

Contracts, documents or instruments in writing requiring the signature of the Association and approved by the Executive Council or the Board of Governors, may be signed and sealed by the Executive Director, together with any one of the voting members of the Management Committee who shall be President, Past-President or President-Elect, and all contracts, documents and instruments as executed shall be binding upon the Association without any further authorization or formality. The Executive Council shall have the power from time to time by resolution to appoint any person or persons on behalf of the Association either to sign contracts, documents or instruments in writing generally or to sign specific contracts, documents or instruments in writing and if required to affix the corporate seal of the Association thereto.

APPENDIX XV

PROPOSED

ARTICLE XXIV

EXECUTION OF DOCUMENTS

Contracts, documents or instruments in writing requiring the signature of the Association and approved by the Executive Council or the Board of Governors, may be signed and sealed by the Executive Director, together with any one of the voting members of the Management Committee who shall be President, Past-President, President-Elect or **Vice-President**, and all contracts, documents and instruments as executed shall be binding upon the Association without any further authorization or formality. The Executive Council shall have the power from time to time by resolution to appoint any person or persons on behalf of the Association either to sign contracts, documents or instruments in writing generally or to sign specific contracts, documents or instruments in writing and if required to affix the corporate seal of the Association thereto.

CURRENT

ARTICLE XVI

COUNCILS AND COMMITTEES

Section 1 - Councils and Committees

(a) Councils

The Councils of the Association shall be

Constitution and By-laws
Dental Materials and Devices
Education and Accreditation
Ethics
Health Care
Hospital and Institutional Services
Information Services
Insurance and Investment
Nominations, Awards and Trusts
Student Affairs

(b) Committees

Special committees as may be established by the Board of Governors and/or the Executive Council.

PROPOSED

ARTICLE XVI

COUNCILS AND COMMITTEES

Section 1 - Councils and Committees

(a) Councils

Executive
Constitution and By-laws
Education and Accreditation
Insurance and Investment

(b) Committees

Committees of the Executive Council or the Board of Governors or Special Committees may be established by the Board of Governors and/or the Executive Council or as provided elsewhere within these by-laws.

APPENDIX XVII

CURRENT

ARTICLE XVI

COUNCILS AND COMMITTEES

Section 2 - Nomination and Election

- (a) Nominees for membership on councils shall be placed in nomination at the annual meeting of the Board of Governors.
- (b) All council members shall be elected or appointed by the Board of Governors at the annual meeting pursuant to Article X, Section 7 of these bylaws.
- (c) The Council on Nominations, Awards and Trusts shall be nominated and elected by the Board of Governors at the annual meeting pursuant to Article X, Section 6 of these bylaws.

PROPOSED

ARTICLE XVI

COUNCILS AND COMMITTEES

Section 2 - Nomination and Election

- (a) Nominees for membership on councils shall be placed in nomination at the annual meeting of the Board of Governors.
- (b) All council members shall be elected or appointed by the Board of Governors at the annual meeting pursuant to Article X, Section 7 of these bylaws.
- (c) The **Committee** on Nominations, Awards and Trusts shall be nominated and elected by the Board of Governors at the annual meeting pursuant to Article X, Section 6 of these bylaws.

APPENDIX XVIII

CURRENT

ARTICLE XVI

COUNCILS AND COMMITTEES

Section 4 - Terms of Reference for Councils

- (a) Council on Constitution and By-laws
- (b) Council on Dental Materials and Devices
- (c) Council on Education & Accreditation
- (d) Council on Ethics
- (e) Council on Hospital & Institutional Services
- (f) Council on Information Services
- (g) Council on Insurance and Investment
- (h) Council on Nominations, Awards and Trusts
- (i) Council on Student Affairs

PROPOSED

ARTICLE XVI

COUNCILS AND COMMITTEES

Section 4 - Terms of Reference for Councils

(a) Council on Constitution and By-laws

The Constitution and By-laws Council shall consist of four (4) members.

It shall be the duty of the Constitution and By-laws Council:

- (i) to review the By-laws, Letters Patent and any Supplementary Letters Patent from time to time in order to keep them consistent with the Association's program.
- (ii) to recommend amendments to the By-laws when considered necessary.
- (iii) to draft or review with comment the text of all proposed amendments to the By-laws, Letters Patent and any Supplementary Letters Patent prior to their submission to the Board of Governors pursuant to Article XXVII.

(b) Council on Education & Accreditation

The Council on Education and Accreditation shall consist of seventeen members. In electing the membership of the Council the Board of Governors will assure that representation is constituted as follows:

- (1) Three members shall be full-time active members of the Faculties of Canadian Dental Schools.
- (2) Four members shall not be full-time Dental Faculty members. The Chairman shall be appointed by the Executive Council from Groups 1 and 2.
- (3) One person nominated by the Council on Student Affairs.

- (4) Two persons from nominations of the Registrars, by the Conference of Provincial Dental Licensing Authorities .
- (5) Two persons from nominations by National Dental Examining Board of Canada.
- (6) One person from nominations by Association of Canadian Faculties of Dentistry.
- (7) One person from nominations by Royal College of Dentists of Canada.
- (8) A lay person appointed by the Board of Governors.
- (9) One person appointed by the Canadian Dental Hygienists' Association.
- (10) One person appointed by the Canadian Dental Assistants' Association.

The election to Council is for a three-year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may he represent more than one organization or group. The election or appointment to Council is for a three year term.

The Council on Education and Accreditation shall have the power to appoint committees and subcommittees as it shall deem expedient.

The Council on Education and Accreditation may recommend to the Executive Council the appointment of consultants or advisors and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Council of Education and Accreditation:

- (i) to give study to all matters relating to dental education.
- (ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- (iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.

- (iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors and such other areas of dental education as may from time to time be approved by the Board of Governors.
- (v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of accreditable postgraduate and graduate programs.
- (vi) to approve the didactic elements of hospital and institutional internships in accordance with requirements approved by the Board of Governors, when such hospital and institutional internships are components of accreditable dental service programs.
- (vii) to co-operate where appropriate with the Council on Hospital and Institutional Services in the undertaking of joint surveys of hospital or institutional dental services.
- (viii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.
- (ix) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

(c) Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Service Plans Inc. the functions of the Council on Insurance and Investment as a result of an administrative agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and Canadian Dental Service Plans Inc.

The Canadian Dental Association shall appoint two voting directors to the Board of the Canadian Dental Service Plans Inc. One of these directors will be appointed at large by the Canadian Dental Association. The other voting director shall be appointed from Executive Council. This appointee will serve as the Executive Liaison to the Council on Insurance and Investment.

It shall be the duty of the Council on Insurance and Investment:

- (i) to recommend to the Executive Council the kinds of insurance and terms of coverage which are desirable for the membership to carry and which can be advantageously purveyed to the membership on a group basis;
- (ii) to survey the insurance market to determine the costs, terms and conditions of available coverage;
- (iii) to negotiate and recommend for approval to the Executive Council the costs, terms and conditions of contracts with the chosen carriers;
- (iv) to periodically review the insurance contracts in order to determine the suitability of contracts and the possibility of improved terms and of more economic terms and to assess the proposals of competing carriers;
- (v) to recommend to the Executive Council the time and manner of distribution of surplus or reserve funds;
- (vi) to advise on and review Association-sponsored pension and retirement savings plans;
- (vii) to report annually all actions to the Board of Governors.

APPENDIX XIX

CURRENT

ARTICLE X

ELECTION OF OFFICERS

Section 4 - Nominations

The report presented by the Council on Nominations, Awards and Trusts shall be received in advance of the annual meeting by the Board of Governors and the complete list of names of proposed candidates shall be placed in nomination at the annual meeting.

APPENDIX XIX

PROPOSED

ARTICLE X

ELECTION OF OFFICERS

Section 4 - Nominations

The report presented by the **Committee** on Nominations, Awards and Trusts shall be received in advance of the annual meeting by the Board of Governors and the complete list of names of proposed candidates shall be placed in nomination at the annual meeting.

APPENDIX XX

CURRENT

ARTICLE X

ELECTION OF OFFICERS

Section 6 - Nominations

Nominations for a member of the Council on Nominations, Awards and Trusts for a term of three (3) years shall be made from the floor by a member or members of the Board of Governors.

APPENDIX XX

PROPOSED

ARTICLE X

ELECTION OF OFFICERS

Section 6 - Nominations

Nominations for a member of the **Committee** on Nominations, Awards and Trusts for a term of three (3) years shall be made from the floor by a member or members of the Board of Governors.

CURRENT

ARTICLE IX

EXECUTIVE COUNCIL

Section 8 - Quorum

Six of the voting members of the Executive Council shall constitute a quorum and any question submitted to a meeting shall be determined by a majority of the votes cast of the members present. In the event of an equality of votes, the President or other member occupying the chair shall not have a second or deciding vote.

PROPOSED

ARTICLE IX

EXECUTIVE COUNCIL

Section 8 - Notice of Meetings

The Executive Director shall send an official notice of time and place of each Executive Meeting and a statement of the business to be considered thereat to each member of the Executive Council not less than ten (10) days before a meeting of this Council.

Section 9 - Voting Rights

All members of the Executive Council shall have an equal vote in deciding any question submitted to a meeting of the Executive Council.

Section 10 - Remuneration of Executive

The remuneration of all Executive Council shall be determined from time to time by resolution of the Board of Governors and the fact that any such Executive Council member is a governor of the Association shall not disqualify him from receiving such remuneration as so may be determined.

Section 11 - Quorum

Six of the voting members of the Executive Council shall constitute a quorum and any question submitted to a meeting shall be determined by a majority of the votes cast of the members present. In the event of an equality of votes, the President or other member occupying the chair shall not have a second or deciding vote.

APPENDIX XXII

CURRENT

ARTICLE V

MEMBERSHIP

Section 5 - Life Members

Any dentist who has been a member of the Canadian Dental Association in good standing for a minimum of forty (40) years regardless of age of applicant will, with the approval of the Executive Council, become a Life Member of the Association.

APPENDIX XXII

PROPOSED

ARTICLE V

MEMBERSHIP

Section 5 - Life Members

Any dentist who has been a member of the Canadian Dental Association in good standing for a minimum of forty (40) years and who is no longer licensed to practice in Canada, being fully retired from dental practice, teaching or administration is eligible to become a Life Member of the Association.

APPENDIX XXIII

CURRENT

ARTICLE V

MEMBERSHIP

There shall be seven (7) classes of members in the Association: Corporate (voting), Active, Affiliate, Honorary, Life, Student and Supporting Members.

APPENDIX XXIII

PROPOSED

ARTICLE V

MEMBERSHIP

There shall be **eight (8)** classes of members in the Association: Corporate (voting), Active, Affiliate, Honorary, Life, Student, Retired and Supporting Members.

PROPOSED

ARTICLE V

Section 7 - Retired Members

Any dentist in good standing who is no longer licensed to practice in Canada and is fully retired from dental practice, teaching or administration shall be eligible to apply for admission as a Retired Member, and shall become a Retired member upon payment of the appropriate annual fee.

CURRENT

ARTICLE V

Section 7 - Supporting Members

Any dentist in good standing who is no longer licensed to practise in Canada, or who is fully retired from dental practice, teaching or administration or who presents special mitigating circumstances, or any other person having an interest in the well-being of the Association and who does not otherwise qualify, shall be eligible to apply for admission as a Supporting Member and shall become a Supporting Member upon approval by the Executive Council and payment of the appropriate fee.

APPENDIX XXV

PROPOSED

ARTICLE V

Section 8 - Supporting Members

Any dentist or other person having an interest in the well-being of the Association and who does not otherwise qualify, or who presents special mitigating circumstances, shall be eligible to apply for admission as a Supporting Member and shall become a Supporting Member upon payment of the appropriate fee.

APPENDIX XXVI

CURRENT

ARTICLE VI

PRIVILEGES OF MEMBERS

Section 7 - Supporting Members

A Supporting Member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association. He shall be entitled to attend scientific sessions of the Association on payment of applicable fees and to enjoy such other services as are authorized by the Executive Council. A Supporting member shall not be entitled to vote on any question arising at any meeting of members of the Association, but shall be able to participate in the insurance and investment programs of the Association.

Section 8 - Entitlement to Vote

PROPOSED

ARTICLE VI

PRIVILEGES OF MEMBERS

Section 7 - Retired Members

A Retired Member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association. He shall be entitled to attend scientific sessions of the Association on payment of applicable fees and to enjoy such other services as are authorized by the Executive Council. A Retired member shall not be entitled to vote on any question arising at any meeting of members of the Association, but shall be able to participate in the insurance and investment programs of the Association.

Section 8 - Supporting Members

Section 9 - Entitlement to Vote

CURRENT

ARTICLE IX

EXECUTIVE COUNCIL

Section 7 - Roles and Responsibilities of the Executive Council

- (r) shall admit Affiliate and Supporting members pursuant to Article V, Section 3, 6 and 8 and to elect Honorary members pursuant to Article V, Section 4, and Life Members according to Article V, Section 5.

APPENDIX XXVII

PROPOSED

ARTICLE IX

EXECUTIVE COUNCIL

Section 7 - Roles and Responsibilities of the Executive Council

(r) shall elect Honorary members pursuant to Article V, Section 4.

COUNCIL ON DENTAL MATERIALS AND DEVICES

REPORT TO THE 1988 CDA BOARD OF GOVERNORS MEETING

Members: Dr. R. Barolet, Chairman - Montreal
Dr. P. Desautels, Montreal
Dr. L. Johnson, London
Dr. D. Jones, Halifax
Dr. P. Williams, Winnipeg
Dr. R. Roydhouse, Vancouver
Dr. D. Smith, Toronto
Dr. P. Blais, Ottawa (HPB Observer)

Executive Liaison: Dr. B. Sigfstead, Edmonton

Coordinator: Ms. J. Forsythe

1. Council Meeting

The Council has held once meeting this year on June 10, 1988 in Ottawa. The meeting was very successful, focussing on the development of a Seal of Recognition Program for Dental Materials and Devices.

2. Liaison Activities

On June 8, 1988, the Council hosted the meeting of the Canadian Standards Association Technical Committee on Dentistry. Most members of CDA's Council sit on this body, which made it an opportune time to bring the two groups together. At the meeting, discussion addressed current ISO standards and those which are currently being developed, the creation of a summary of these and the relevant Canadian standards for dentistry. The issue of infection control standards in dental offices was also raised by the public representative on the Committee.

On June 9, 1988, the Council held a Task Force meeting with representatives of Health Protection Branch (Health and Welfare Canada), the Dental Industry Association of Canada (DIAC), the Canadian Standards Association (CSA), and the Department of Regional Industrial Expansion (DRIE). The meeting was held to open lines of communication among these five bodies with similar interests. The main topics of discussion were: dental product review processes at HPB; oral implants; concerns re: the use of dental amalgam; the use of composite restoratives; and tariffs and exportation issues relating to dental materials, among others.

As a result of these meetings, the Council has decided to invite a representative from both DRIE and DIAC to its meetings.

ITEMS REQUIRING BOARD ACTION**3. CDA Recognition Program for Dental Materials and Devices**

For years, the Council has been grappling with a way to develop a cost-effective quality assurance program for dental materials and devices. After a full morning of brainstorming the group has developed what it considers to be a workable plan which would provide a valuable benefit to the consumers, manufacturers and dentists of Canada. The Council is pleased to be able to bring the following proposal to the Board:

RESOLVED:

88.102 THAT the Canadian Dental Association develop a Seal of Recognition Program for dental materials and devices;

THAT this program be designed to be initially self-supporting and, in future, revenue-generating;

THAT the program be administered by the Committee on Dental Materials and Devices;

THAT products recognized under this program must meet the following criteria:

- (i) the product must comply with the Canadian Food and Drug Laws;
- (ii) the manufacturer must submit to the Committee data proving that the product complies with ISO, CSA or IEC standards; and
- (iii) the manufacturer must regularly provide evidence of its continuing quality assurance procedures;

THAT a Seal of Recognition and an appropriate statement be granted to the manufacturer for use in product advertising;

THAT there be charged an initial fee for consideration of the application, whether it is approved or not, and a renewal fee based on publication of the product's name on the list;

THAT the efficacy of a product be monitored through the Health and Welfare Canada's Health Protection Branch complaint system and other methods deemed appropriate by the Committee, such as random spot checks;

THAT the Committee on Dental Materials and Devices be authorized to remove a product's name from the list of recognized products if performance is deemed unsatisfactory (e.g., failure to resolve a complaint would be deemed due cause for such removal); and

THAT the above recommendation be approved in principle and the Committee be advanced funds in 1988 for initial legal consultation re: the development of the proposed program; and

THAT testing procedures and the initial consulting expenses be allocated from the consulting budget.

ADOPTED

4. Spokespersons for Issues such as Mercury Amalgam

Members of the Committee are continually being asked by members of the media to speak on the contentious issue of the "dangers" of mercury amalgam. They felt that, due to the fact that this subject is both topical and contentious, a designated spokesperson should be appointed by CDA. This would parallel the system currently used for the issue of fluoride and ensure that a standard message is being sent to the public.

RESOLVED:

88.103 THAT the Canadian Dental Association strive to appoint a single spokesperson to address controversial issues, such as mercury in dental amalgam, and that this individual be responsible for keeping the Committee on Dental Materials and Devices informed on new developments on such issues and for addressing enquiries from the media.

DIRECTION: The Board of Governors recommends that a wider list of available spokespersons be prepared on this topic.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**5. Canadian General Standards Board - Rubber Gloves**

The CGSB is currently establishing a qualification listing program for surgical rubber gloves and has asked for CDA input. The Council will ensure that dentistry is adequately represented.

6. DOFOS

The Council examined documentation received from the Australian Dental Association which indicates that Dr. Renton D. Newbury has established an organization called "DOFOS Australia". DOFOS stands for "disturbance of functional occlusion syndrome". Dr. Newbury has applied for a patent in Canada for "an invention relating to a method and apparatus for the treatment of muscle imbalance". The Council felt, after reviewing the literature on DOFOS, that it amounts to nothing more than existing, well understood techniques currently used by dentists across Canada in the treatment of TMJ disorders. CDA's lawyer is currently investigating the status of the Canadian patent application. More information will be available at the Board of Governors meeting in August.

7. Appreciation

The Council members and representatives of other bodies which attended our recent meetings are to be thanked and congratulated for their open-minded and fruitful participation. Although the Council will have a great deal of work to do if the Board approves its recommendation for a Seal of Recognition Program, I know that CDA can count on these dedicated individuals to put together an excellent program.

I would be remiss if I did not also thank CDA's busy staff members, Mr. Brian Henderson and Ms. Janice Forsythe, who so capably guide the Council through its deliberations.

Respectfully submitted,

R.Y. Barolet, D.D.S.,
Chairman, Council on
Dental Materials and
Devices

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Dental Materials and Devices with appreciation.

COUNCIL ON EDUCATION AND ACCREDITATION

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members: Dr. A. Schwartz, Chairman, Winnipeg
Dr. M.A. Boyd, Vancouver
Dr. G.W. Burgman, Kirkland Lake
Dr. H. Dick, Edmonton
Dr. B.S. Graham, Halifax
Dr. L. Harder, North Battleford
Dr. M. Jahjah, Montreal
Dr. A. LaBounty, Kelowna
Ms. Kate MacDonald, Halifax
Dr. J.H.P. Main, Toronto
Dr. E. McIntyre, Edmonton
Mrs. M. Paquin, Vancouver
Dr. K. Pownall, Toronto
Miss J. Robarts, Welland
Dr. Jack G. Thompson, Saint John
Dr. G. Thompson, Edmonton
Miss M. Shildkraut, Montreal

Executive

Liaison: Dr. K. Roach, Pembroke

Staff:

Mr. Brian Henderson, Director, Education & Accreditation
Miss Linda Teteruck, Director of Communications
Mrs. Lorraine Emmerson, Coordinator of Accreditation

Council Meeting

The Council on Education and Accreditation held open sessions the afternoon of June 6 and all day June 7 at the Four Seasons Hotel in Ottawa. Immediately preceding these sessions, Committee No. 1 and Committee No. 2 met in closed sessions on the morning of June 6 and presented their recommendations to the Closed Session of Council which followed.

Committee No. 1 - Members

Dr. K. Pownall, Chairman, Toronto
Dr. M.A. Boyd, Vancouver
Dr. W. Burgman, Kirkland Lake
Dr. F.A. LaBounty, Kelowna
Dr. J.H.P. Main, Toronto
Dr. E. McIntyre, Edmonton
Dr. G. Thompson, Edmonton
Ms. Madelaine Shildkraut, Montreal

Committee No. 2 - Members

Ms. K. MacDonald, Chairman, Halifax
Dr. H. Dick, Edmonton
Dr. B. Graham, Halifax
Dr. L. Harder, North Battleford
Dr. M. Jahjah, Montreal
Mrs. M. Paquin, Vancouver
Miss J. Robarts, Welland
Dr. J. Thompson, Saint John

DAT Committee - Members

Dr. I. Bennett, Chairman, Halifax
Dr. M. Boyd, Vancouver
Dr. J. Krupanszky, Toronto
Dr. A. Vaillancourt, Montreal
Dr. G.W. Thompson, Edmonton
Dr. J. Graham, ADA Consultant
Dr. R. Smith, ADA Dir. of Educational Measurements
Dr. L. Branda, Hamilton

Continuing Education Committee - Members

Dr. K.C. Bentley, Chairman, Montreal
Dr. G. Beagrie, Vancouver
Dr. H. Dick, Edmonton
Dr. M. Jahjah, Montreal

Committee on Documentation - Members

Dr. K.C. Bentley, Chairman, Montreal
Dr. M.A. Boyd, Vancouver
Dr. R.I. Brooke, London

Task Force on Future Planning - Members

Dr. R. Thordarson, Chairman, Vancouver
Dr. H. Dick, Edmonton
Ms. K. MacDonald, Halifax

ITEMS REQUIRING BOARD ACTION1. Report of the Task Force on Future Planning

APPENDIX I

Members of the Board of Governors will recall that the Task Force on Future Planning was established in an attempt to assist the Council on Education and Accreditation to respond to a number of questions related to the goals or purposes of the Council on Education and Accreditation and the structure, processes and resources required in order to meet these goals. The Task Force on Future Planning has presented its report, which is included as Appendix I of the Report of the Council on Education and Accreditation. The Report has been

approved by the Council on Education and Accreditation, with revisions specified by Council incorporated directly into the final version presented for review by the CDA Board of Governors.

The Report contains twenty-two recommendations with ten of these recommendations specifically requiring the consideration and approval of the CDA Board of Governors. To avoid unnecessary duplication of material, the Report of the Task Force has also been revised to include the reaction of the Executive Council of the Board to the appropriate recommendations. Members of the Board are asked to approve the following recommendations within the Task Force Report, 2, 3, 5, 6, 7, 8, 13, 16 (a), 17 (a) & (b), 20, 21, 22. (Please see the appropriate sections of the Task Force Report.)

2. Dental Hygiene Competency Profile

APPENDIX II

Members of the Board will recall that the draft Competency Profile for Dental Hygiene was presented two years ago and withdrawn when it became apparent that some problems in wording would require discussion with representatives of three provinces with specific concerns and with the Canadian Dental Hygienists' Association. Such informal discussion has taken place and two further drafts of the Competency Profile were established in an attempt to remove points of concern. The draft currently presented for the consideration of the Board has received the support of the Canadian Dental Hygienists' Association and of the Council on Education and Accreditation. It is felt that some of the earlier points of concern have been removed. The document now clearly states that competencies listed are performed within specific requirements for supervision as identified in each province. Previous concerns expressed about the level of examination performed by dental hygienists have been dealt with by inclusion of specific definitions in this regard.

The Council on Education and Accreditation continues to believe that this document represents a valuable resource which should be made available to the educational community as an official document, as soon as possible.

RESOLVED:

88.104 That the dental hygiene competency profile as presented in Appendix II be approved.

ADOPTED

3. Introduction of a Forty-Eight Month Program Length Requirement for Educational Programs in Oral and Maxillofacial Surgery

The American Dental Association Commission on Accreditation has introduced a forty-eight month program length requirement for educational programs in Oral and Maxillofacial Surgery, effective July 1, 1989. The CDA Council on Education and Accreditation proposes to introduce the same requirement, both in order to maintain international reciprocity and to encourage Canadian programs to respond to a growing need for additional time to cover the growing range of educational objectives.

RESOLVED:

88.105 That the requirements for approval of educational programs in oral and maxillofacial surgery be amended to include a stipulation that programs shall be a minimum of forty-eight months in length, effective July 1, 1989.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. Review of Accreditation Requirements on Admission of Students

Accreditation requirements include examination of the processes by which students are accepted for admission to an educational program. Council has directed its Committee on Documentation to conduct a detailed review of how these accreditation requirements are currently defined and to recommend any changes in response to concerns expressed in the Open Session on June 7th. Several Deans of Canadian Faculties of Dentistry commented upon the requirements as currently outlined for undergraduate programs in dentistry. It was suggested that consideration should be given to changing the definition of requirements to recognize the University's right to admit students without administration of the Dental Admissions Test of the Canadian Dental Association.

The Council on Education and Accreditation has also directed the Committee on Documentation to consider, in its review, requirements related to the process by which an educational program is able to assure that a candidate admitted with advanced standing will have successfully completed, upon graduation, the didactic and clinical training required for a diploma.

Council has also referred the following recommendation back to the Committee on Documentation so that it may be included in the overall review and revision which has been requested:

That the Requirements for Approval of a Program Leading to a DDS/DMD Degree "be revised to include the following addition in the section of the requirement dealing with the subject of admissions:

It is recognized that a student may transfer, with credit, from one accredited program to another, for a variety of reasons. An institution accepting such a student must recognize an obligation to ensure that the student upon graduation has completed the overall didactic and clinical preparation required. The institution must be able to demonstrate how it is assured that the candidate meets all requirements for graduation or promotion and that no aspect of its curriculum has been insufficiently covered."

5. ADA/CDA Reciprocity

Council on Education and Accreditation is pleased to report that the ADA Commission on Accreditation has passed a set of resolutions identical to those passed at the September 1987 meeting of the CDA Board of Governors and that a written agreement on the reciprocal recognition of graduates of educational programs accredited by either the Council or the Commission is now in place.

6. Umbrella Specialty in Orofacial Diagnostic Sciences

Council wishes to report that reaction to the proposal to establish an umbrella specialty in Orofacial Diagnostic Sciences was overwhelmingly negative. Council continues to believe that new approaches may be necessary in future to deal with the problem of the potential proliferation of dental specialties, but does not propose further action at this time.

7. Self-Learning/Self-Assessment Project

The Self-Learning/Self-Assessment Pilot Project is now complete and it is understood that the National Dental Examining Board is considering introducing an ongoing program on a self-financing basis.

Two sets of questions were distributed, during the pilot project, to both a randomly selected and targeted group of recipients. Those participating in the project were presented with questionnaires in an attempt to evaluate the value of the self-learning/self-assessment exercise and to invite comments or suggestions for improvement. An analysis of responses to the second administration of the self-learning/self-assessment project is available upon request. Reaction was overwhelmingly positive.

8. Teaching Conferences

A report on the 1987 Teaching Conference on Strategic Planning has been previously distributed. This conference was originally scheduled for November 1987 and postponed until February 1988. Council has received many favourable comments on the Teaching Conference on Strategic Planning and extends congratulations to the Conference Chairman, Dr. Marcia Boyd of the University of British Columbia.

Dr. Guy Boyer of the University of Montreal is chairing the 1988 Teaching Conference which will be held in Montreal from June 17-18, 1988. The subject of this teaching conference is Continuing Education. The Council on Education and Accreditation believes that this Teaching Conference should provide an opportunity to review a number of issues of concern to those involved in continuing education for the dental team and will include consideration of approaches to quality assurance for continuing education educational offerings.

The Council on Education and Accreditation has requested the Association of Canadian Faculties of Dentistry to consider the topic of "The Teaching of Ethics and Professionalism in Dental Education" with Dr. Bruce Graham as Chairman as the subject for the 1989 Teaching Conference.

9. DAT Committee Report

The DAT Committee Report to Council contained a motion to update and reprint CDA's careers in dentistry pamphlet which the Council referred to Council on Information Services for action. It was noted in the DAT Committee Report that Dr. James Graham of the ADA who has served for over thirteen years as consultant to the CDA DAT Committee would not be continuing in this capacity any longer and it was recommended that Dr. Graham receive the CDA Certificate of Merit in recognition of his outstanding service over the years. This recommendation was referred to the CDA's Committee on Nominations, Awards and Trusts for action.

10. Reports

Council received reports from the following organizations with thanks:

i	National Dental Examining Board of Canada
ii	Royal College of Dentists of Canada
iii	Association of Canadian Faculties of Dentistry
iv	Canadian Dental Hygienists Association
v	Canadian Dental Assistants Association
vi	Council on Student Affairs
vii	Canadian Fund for Dental Education
viii	National Cancer Institute

11. Surveys(a) Programs Surveyed during 1987-88

Reports on the following programs surveyed during the fall term of 1987-1988 were reviewed at the June meeting of Council:

University of Alberta Undergraduate Program
 University of Alberta Postgraduate Orthodontics Program
 University of Alberta Hospital Internship
 University of Toronto Postgraduate Prosthodontics Program
 University of Toronto Postgraduate Diploma Dental Public Health Program
 Toronto General Hospital Internship

Keewatin College, Dental Assisting
 Red River Community College, Dental Assisting
 Cégep de l'Outaouais, Dental Hygiene
 University of Alberta, Dental Hygiene

(b) The following reports on programs surveyed during the winter term of 1987-1988 will be reviewed at the October meeting of Council:

Dalhousie University, DDS/DMD, Periodontics, Oral Surgery, Dental Hygiene,
 Laval University, DDS/DMD, Oral Surgery,
 College Maisonneuve, Montreal, Dental Hygiene
 Cégep Edouard-Montpetit, Montreal, Dental Hygiene
 Cégep de Trois-Rivières, Trois-Rivières, Dental Hygiene
 Vancouver Community College (VVI), Dental Hygiene & Dental Assisting
 Fraser Valley College, Chilliwack, Dental Assisting
 Saskatchewan Institute of Applied Science and Technology (formerly Wascana Institute)

12. Nominations Committee Report

The following Committee membership is proposed for 1988-89.

DAT Committee

Dr. I. Bennett, Chairman, N.S.
 Dr. A. Mills, Ontario
 Dr. J. Krupanszky, Ontario
 Dr. G. Thompson, Alberta

Consultants

Dr Luis Branda, Ont.
 Dr. Richard Smith, ADA
 Dir. Educational Measurements
 Dr. M. Boyd, Interview Study

Documentation Committee

Dr. K. C. Bentley, Chairman, Que.
Dr. H. Dick, Alberta
Dr. Ralph Brooke, Ontario

Continuing Education

Dr. G. Thompson, Alberta
Dr. Lorne Harder, Sask.
Ms. Kate MacDonald, N.S.

Nominations Committee

Dr. A. LaBounty, Chairman, British Columbia
Dr. J. Thompson, New Brunswick

Council Representatives to NDEB

Dr. A. Schwartz, Council Chairman
Dr. L. Harder, North Battleford (effective Nov. 1, 1988)

13. Summary

Council continues to recognize and carry out its responsibilities related to education and accreditation. Council notes with regret that Drs. Boyd, Burgman, Jahjah, and McIntyre will be leaving Council at the end of this term and expresses thanks and appreciation to each. We would also like to express, on behalf of Council, appreciation for the support provided by Mr. Brian Henderson, Director of Education and Accreditation and Mrs. Lorraine Emmerson, Coordinator of Accreditation.

Respectfully submitted,

Dr. Arthur Schwartz, Chairman
Council on Education and Accreditation

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Education and Accreditation with appreciation.

REPORT OF THE COUNCIL ON EDUCATION AND ACCREDITATION
TASK FORCE ON FUTURE PLANNING

1. INTRODUCTION

At the June 1987 meeting of the CDA Council on Education and Accreditation, it was apparent that the accreditation of educational programs for dentists and dental auxiliaries is becoming an undertaking of increasing magnitude. It is certain that resources in support of the accreditation process are finite and that there will need to be absolute clarity about purposes of the Council on Education and Accreditation if the need arises to allocate resources in terms of priority. Discussion at the meeting also noted that the National Dental Examining Board of Canada has asked the CDA Council to review how the accreditation process serves as a basis for national certification of Dentists. Questions also were raised about the potential of the Council on Education and Accreditation to play a role in the certification of dental auxiliaries. Finally, Council recorded its opinion that a "Commission on Accreditation" should be established to be responsible for accreditation standards and processes.

The Council on Education and Accreditation Task Force on Future Planning was formed as a result of Council's realization that many of these issues were interrelated and would not be satisfactorily addressed without reexamining the purposes of accreditation (and related quality assurance initiatives) and the structure, processes and resources required to achieve these purposes.

This paper presents the Report of the Task Force on Future Planning. The Report is organized into seven sections, of which this INTRODUCTION is Section 1. The next six sections are as follows:

2. BACKGROUND ON THE WORK OF THE TASK FORCE
3. GOALS OR PURPOSES OF THE COUNCIL ON EDUCATION & ACCREDITATION
4. BASIC STRUCTURE REQUIRED
5. BASIC PROCESSES REQUIRED
6. BASIC RESOURCES REQUIRED
7. SUMMARY OF RECOMMENDATIONS AND CONCLUSION

Recommendations have been incorporated into each section as judged appropriate by the Task Force. The Task Force has also identified, for each recommendation, the body or association to which the specific recommendation is directed.

2. BACKGROUND

The Task Force first met in September 1987 and reviewed a number of basic questions about goals, structure, processes and resources. Appropriate responses were suggested and the questions and responses, collected in Discussion Paper One, were widely circulated for review and comment.

The Discussion paper was sent to Canadian Faculties of Dentistry; Heads of accredited programs in Dentistry, Dental Hygiene and Dental Assisting; the Association of Canadian Faculties of Dentistry; members of the CDA Executive Council; members of the Council on Hospital and Institutional Services; members of the CDA Committee on Dental Specialties; CDA corporate bodies; Provincial Licensing Authorities; Dental Specialty Associations; the Royal College of Dentists of Canada; the National Dental Examining Board; the Canadian Dental Hygienists Association; the Canadian Dental Assistants Association; the Ontario Dental Nurses and Assistants Association.

The second meeting of the Task Force was held January 7-8, 1988, and submissions in response to Discussion Paper One from the following were carefully reviewed:

- Canadian Dental Association Executive Council
- Canadian Dental Hygienists' Association
- The National Dental Examining Board of Canada
- Canadian Association of Orthodontists
- Dean and Faculty of Dentistry, University of Toronto
- Ontario Dental Nurses and Assistants Association
- Wascana Institute of Applied Arts and Sciences
- Dianne Gallagher, Wascana Institute
- Ellen Brownstone, School of Dental Hygiene, University of Manitoba
- Dr. Ralph Barolet, Dean, Faculty of Dentistry, McGill University
- Dr. Allen Wainberg, Chairman, Committee on Education, Canadian Academy of Periodontology

In addition to these submissions, the Task Force studied the following:

- Terms of reference, CDA Council on Education and Accreditation
- Structure and Bylaws, ADA Commission on Accreditation
- "The Concept of a Commission on Accreditation", a discussion paper prepared by Brian Henderson for the November 1987 meeting of the Executive Council of the CDA Board of Governors.

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- An analysis of revenues and costs associated with the accreditation process
- Conclusions of an April 1987 meeting on Accreditation arranged by the National Dental Examining Board of Canada
- A study of Accreditation in the U.S. funded by the Kellogg Foundation
- A draft of a document outlining cooperation in accreditation between the CDA and The Order of Dentists of Quebec.
- An article By Dr. Alvin Morris and Dr. Harry Bohannon entitled "Assessment of Private Dental Practice: Implications for Dental Education".

Following discussion of all of the above, a number of preliminary conclusions were identified and the Task Force circulated DISCUSSION PAPER TWO, for review and comment, to the groups listed earlier.

A third meeting of the Task Force was held on March 23-24, 1988. The following submissions were reviewed:

- Dr. Bruce S. Graham, Assistant Dean for Academic Affairs, Dalhousie University
- Professor Wesley J. Dunn, Division of Community Dentistry, The University of Western Ontario
- Dr. Kevin Roach, Executive Council Member, Canadian Dental Association
- Professor Ellen Brownstone, Director, School of Dental Hygiene, University of Manitoba
- Canadian Dental Assistants' Association
- Canadian Dental Hygienists' Association
- Dr. Ralph Barolet, Dean, Faculty of Dentistry, McGill University
- Dr. Richard A. Ten Cate, Dean, Faculty of Dentistry, University of Toronto
- Dr. G.M.D. Conrad, Registrar, Provincial Dental Board of Nova Scotia, Halifax
- Mr. F. Habermehl, Dean, School of Applied Arts and Health Sciences, Niagara College of Applied Arts and Technology
- Executive Committee, National Dental Examining Board of Canada
- Dr. G.W. Thompson, Dean, Faculty of Dentistry, University of Alberta
- Dr. Allen S. Wainberg, Chairman, Committee on Education, Canadian Academy of Periodontology
- Dr. Helen A. Lyttle, Faculty of Dentistry, University of Manitoba
- Ontario Dental Nurses and Assistants Association
- Heads of Health Sciences, Dental Health Programs of Ontario Colleges of Applied Arts and Technology
- Royal College of Dentists of Canada
- Dr. G. Beagrie, Dean, Faculty of Dentistry, University of British Columbia

- Dr. P. Innes, Dean, College of Dentistry, University of Saskatchewan
- Professor M. Forgay, School of Dental Hygiene, Dalhousie University
- Dr. J. Hardie, Chief of Dentistry, Ottawa Civic Hospital
- Dr. Marcia Boyd, President, Association of Canadian Faculties of Dentistry
- Dianne Gallagher, Immediate Past-President, Canadian Dental Hygienists' Association
- Dr. Gerald Albert, Dean, School of Dental Medicine, University of Montreal
- Dr Hubert Gaucher, President, Association of Prosthodontists of Canada
- Linda Strevens, Executive Assistant, Royal College of Dental Surgeons of Ontario

The Task Force revised Discussion Paper Two to incorporate changes and additions and identified a number of recommendations during this process. The revision of Discussion Paper Two and the associated recommendations are now presented as the Report of the Task Force on Future Planning.

3. GOALS OR PURPOSES OF THE COUNCIL ON EDUCATION AND ACCREDITATION

The Task Force reaffirms that the fundamental concern of the accreditation process is providing the assurance that educational programs meet specific minimum national standards. The Council on Education and Accreditation must continue to strive to ensure that these national standards reflect the changing reality of the world of dental practice while respecting educational expertise and innovation.

The appropriate starting point for the accreditation process (or for its requirements for approval) is a clear understanding of the competencies graduates of specific programs must achieve. Definition of the minimum acceptable expectations of a graduate of an accredited program is accordingly essential. The facilities, resources, personnel, policies, curriculum, and methodology of an educational program can then be compared with its goal of producing a graduate with the knowledge and skills required to perform the appropriate range of professional services or auxiliary duties.

The current Council on Education and Accreditation plays a special role as a major interface between the fields of dental practice, certification and licensure and the field of education. It bridges these fields by developing and maintaining accreditation standards that reflect the needs and realities of current practice and by ensuring, through on-site surveys, that educational programs meet these standards. It provides a basis for recognition of individual graduates for the purposes of certification. It encourages educational programs to develop and respond to changing patterns of oral health needs.

The Task Force is interested in the potential, in this context, of detailed statements of what a program graduate should be able to carry out within a dental practice. Such statements are being established for Dental Assisting and Dental Hygiene. A clear definition of professional competencies with respect to scope of practice in Dentistry would also be valuable but must reflect the importance of cognitive and affective dimensions, critical judgement and problem solving in addition to behavioural skills required of a dental practitioner. A starting point of this kind reflects the impact of dental practice on education and accreditation and reinforces the essential condition that the accreditation process take into account the needs and realities of practice. The educational system clearly contributes its own expertise in fields such as dental research, learning and educational methodology and builds upon this foundation in innovative ways which in turn may influence dental practice.

RECOMMENDATION 1 - Directed to: Council on Education and Accreditation

THAT the Council on Education and Accreditation consider the establishment of a statement of acceptable national professional competencies to be expected of graduates of an accredited program in Dentistry.

It is felt that such a detailed position can provide a specific basic reference for the accreditation process and educational programs.

The Task Force affirms that the field of interest of our accreditation process ideally encompasses education as it relates to dentistry and to all types of dental auxiliaries. A primary concern is protection of the public, indirectly, by means of the accreditation process and/or other quality assurance measures which promote the adequate education of dentists and dental auxiliaries. This concern implies that

quality assurance processes are essential in relation to the preparation of Dental Hygienists and Level II (intra-oral) Dental Assistants, because they deliver services, under dental supervision, directly to the public. The Task Force does not believe that it is necessary to continue to employ the accreditation process for educational programs preparing Level I (extra-oral) dental assistants, provided a well-supported national certification examination process can be developed.

RESOLVED:

88.106 THAT the accreditation process no longer be applied to educational programs preparing Level I (extra-oral) Dental Assistants.

ADOPTED

A distinction which the accreditation process could employ is to limit its concern to those educational programs preparing auxiliaries responsible to the dentist, who is in turn directly accountable to the public. Still, the preparation of other auxiliaries, such as dental technicians, is also within our concern. The accreditation process currently encompasses educational programs for dental technicians. Denturists carry out their duties independently (in some provinces). While their preparation is conceptually within our area of concern, the accreditation process may be politically or practically excluded from application in these areas.

The Task Force affirms that the accreditation process can be complemented by cooperation in certification processes related to graduates of accredited programs. Accreditation is important even where certification examinations might exist, as it involves detailed scrutiny of all dimensions of an educational program, while certification examinations may verify only cognitive dimensions of preparation in some instances.

The Task Force feels that the existing linkage between the accreditation process for dental education and the N.D.E.B. certification process for dentistry represents an ideal arrangement respecting educational autonomy and the expertise of educators, while ensuring that individuals meeting national requirements are certified for purposes of provincial licensure. Similar links between the accreditation of educational programs for dental specialists and certification of individual specialists are not fully developed because the process of recognition of dental specialists is inconsistent across provinces. Cooperative initiatives involving the Royal College of Dentists of Canada, the National Dental Examining

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Board of Canada and the individual provincial licensing authorities are required to improve the current situation. The Task Force does not advocate an active role for the accreditation process in this regard but believes that the Canadian Dental Association should encourage the development of a more unified approach to provincial recognition of dental specialists.

RESOLVED:

88:107 THAT the Canadian Dental Association (in cooperation with the appropriate bodies) consider establishing an ad hoc committee charged with reviewing current arrangements for provincial recognition of dental specialists across Canada (including the roles of the RCDC and the NDEB in this regard) and making recommendations on how a more unified and consistent approach to recognition of dental specialists might be developed, and

THAT parties would bear their own expenses.

ADOPTED

In the BASIC STRUCTURE REQUIRED section of this report there are further comments and related recommendations on the subject of cooperation in certification processes related to dental auxiliaries.

Limits are recognized with respect to our involvement with certification processes. It is emphasized that, while cooperation with certifying bodies is appropriate, accreditation must remain a process which deals with the assessment of educational programs and not with the examination of individuals. The accreditation process carefully reviews student evaluation policies and procedures during the on-site survey of an educational program, however, and certifying authorities may confidently recognize an educational program's status of approval as a basis for determining the eligibility of a program graduate for examination or certification.

As part of our process of examining the outcomes of educational programs, we legitimately can and should review the clinical skills of students as random products of the educational

program which is being assessed. The "Clinical Outcomes Review and Evaluation" (C.O.R.E.) program which has been introduced within the accreditation process for undergraduate programs in dentistry illustrates one means of accomplishing the latter.

Further comments on the C.O.R.E. program are presented in Section 5 of this report.

4. BASIC STRUCTURE REQUIRED:

Accreditation as a Public Trust

The Task Force has reviewed the structure of the accreditation process in the context of current studies of accreditation and its relationships to public interest. In the early 1970's, the issue of "accreditation as a public trust" became prominent in the United States. A national commission was established to conduct a "Study of Accreditation of Selected American Health Educational Programs" (SASHEP), in May 1972. One of the first questions the commission asked was, "to whom and in what manner should the accrediting organization be responsible: the professions, the schools and programs providing the education, the employers of the members of the professions, the users or recipients of the services of the professionals, the federal and state governments and the general public?" In answering its own question, the Commission noted that professional organizations have traditionally set standards for individual entry into health professions, often through accreditation of specialized programs of study. But it then points out the potential conflict of interest between the professional society's simultaneous responsibility to the public in this regard and to the economic and social welfare of the members of the association. It suggests as well that it is no longer uniformly believed that such responsibility can be left to the professionals alone. Health care and its costs are increasingly visible and it is to be expected that the public will demand that health professions exercise their standard setting roles in the best interests of society. The Commission concluded that the accrediting process itself must be held accountable not merely to the health professions, but to a much broader constituency, including, in varying ways, the educational institutions that offer programs of study in health professional fields, the potential employers of health professionals, the federal and state governments, students, and ultimately the public at large. The recommendations arising from the report include the following:

Fundamental changes in the organization of accreditation of health educational programs are needed to promote improvement in the interprofessional relationships; to provide assurance to society that the accrediting process will be conducted in the public interest; and to provide a more equitable balance among the many diverse parties having a legitimate interest in accreditation of health educational programs. The approval of standards and the accreditation of these programs of study must be subject to the final authority of a body that represents no single profession.

One of the consequences of the recommendations from this study and of several other developments occurring around the same time was the establishment in the United States of a national Commission on Post-Secondary Accreditation (COPA). Through the Commission, the U.S. federal Department of Health Education and Welfare became involved in "accrediting the accreditors" by ensuring that any group offering accreditation at the national level operates along the lines suggested by the recommendations just quoted. While there is no such supervisory body at the national level in Canada, the questions raised in the American study reflect expressed concerns of Canadian Ministries of Health and Education in each province. The Task Force recognizes these concerns, and the SASHEP recommendations, as legitimate, and has reviewed the terms of reference and structure of the CDA accreditation process in the context of these concerns.

Current Arrangements Within the Canadian Dental Association

The accreditation process has achieved a degree of autonomy within the Canadian Dental Association. A policy on "confidentiality of information" which was approved in 1985 by the CDA Board of Governors ensures that accreditation reports go no further than the Council on Education and Accreditation and the Director of Education and Accreditation. The administration of the survey process and the functioning of the Director in this regard are reasonably protected, although the process depends upon the integrity of the Director of Education and Accreditation and the CDA Executive Director as well as on the continued understanding and respect of the CDA Board of Governors.

The Canadian Dental Association Board of Governors still directly controls the standards of the accreditation process, however. The competency profiles proposed as a foundation for the accreditation of educational programs in dental assisting and dental hygiene, for example, have been developed in

consultation with educators, and associations representing dental auxiliaries. Final authority for their approval rests with the CDA Board.

Accordingly, the current structure is functional, with some difficulties arising because the "public interest, quality assurance process of accreditation" is under the authority or jurisdiction of the Canadian Dental Association, the body responsible for the self-interest of the dental profession at the national level. The Council on Education and Accreditation operates in an autonomous fashion in determining the accreditation status of individual programs reviewed; accreditation standards and policies must receive the approval of the Canadian Dental Association Board of Governors. Concerns have been expressed by the Order of Dentists of Quebec, a provincial licensing body, about the need for formal representation on the Council, and solutions are complicated by CDA's need to reflect the interests of its corporate bodies, such as the Quebec Dental Surgeons Association, in the CDA structure. Relations between the Council on Education and Accreditation and individual licensing authorities in each province are indirect, although the group as a whole is represented on the Council.

The Task Force notes that there have been occasions, one most recently, when decisions of the Council on Education and Accreditation have been questioned by the program under review on the grounds that the decision appeared to reflect the self-interest of the dental profession. While the concerns were unfounded, there is no doubt about their sincerity. It is felt that initiatives are required to distance in a visible fashion the accreditation process and the Canadian Dental Association. The Task Force has identified a revised structure and related terms of reference which it believes can accomplish this and address other concerns identified in the course of its deliberations.

The Task Force discussed the desire of licensing authorities in each province to receive accreditation survey reports and has concluded that it is appropriate for licensing authorities cooperating in accreditation to receive survey reports on educational programs within their licensing jurisdiction. This is particularly important as a consideration when linkage exists between the accreditation and certification processes and the National Dental Examining Board of Canada should also receive copies of appropriate reports. The Task Force believes that clear and stringent restrictions should be placed on further distribution or copying of these reports if they are

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made available to the licensing and certifying authorities. This conclusion of the Task Force was discussed with the Council on Education and Accreditation and the Council has approved the following recommendation:

RECOMMENDATION 4 - Directed to: Committee on Documentation

THAT Council supports the idea of the sharing of survey report information to Licensing Bodies but directs the Committee on Documentation to consider a means of implementing this within our policies.

The question of whether the current structure supporting the accreditation process appropriately reflects the interests of all the cooperating constituencies was also reviewed. The Task Force proposes the following organization and structure as consistent with the goals described earlier and the concerns identified in the SASHEP study.

A COUNCIL ON EDUCATION and A COUNCIL ON ACCREDITATION

The Task Force is recommending that the CDA Council on Education and Accreditation be split into a Council on Education and a Council on Accreditation. Each would have distinct membership and terms of reference and there would be a critical difference with respect to reporting relationships: the Council on Education would report to the CDA Board of Governors and have a member of the CDA Executive Council attend as Executive Liaison; the Council on Accreditation would not report further and would not include Executive Liaison.

COUNCIL ON EDUCATION: PROPOSED TERMS OF REFERENCE

Membership of the Council on Education

- 1 member nominated by the CDA
- 1 member (active in Hospital or Institutional Dentistry)
Nominated by the CDA
- 3 members nominated by the A.C.F.D.
- 2 members nominated by the ACFD Dental Auxiliary Educators
Section (a dental hygienist and a dental assistant)
- 1 member nominated by the N.D.E.B.
- 1 member nominated by Provincial Dental Licensing
Authorities
- 1 member nominated by R.C.D.C.

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- 1 member representing the consumer/public, nominated by the Council on Accreditation
- 1 member (Executive Liaison) appointed by the CDA Executive Council

TOTAL 12 members.

The Chairman of this Council on Education shall be a member of the Council and appointed annually by the President of the Canadian Dental Association on the recommendation of Executive Council.

Appointments shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Education.

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and make recommendations as well on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the CDA Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

It shall be the duty of the Council on Education:

- i) To give study to all matters relating to dental, dental specialty and dental auxiliary education.
- ii) To develop positions and make recommendations to the CDA Board of Governors on issues related to dental, dental specialty and dental auxiliary education.
- iii) To serve through the CDA Board of Governors as a resource assisting corporate members, the NDEB and RCDC, and/or provincial licensing bodies with respect to dental, dental specialty and dental auxiliary education.
- iv) To study and make recommendations in the field of Continuing Education as it relates to Dentistry.
- v) To foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to the field of dentistry and dental, dental specialty and dental auxiliary education.
- vi) To advise the Council on Accreditation on issues of mutual interest.

COMMITTEES

The Committee on Continuing Education and the Committee on the Dental Aptitude Test shall be standing committees. The Council on Education shall have the power to appoint committees and sub-committees as it shall deem expedient.

Committee on Continuing Education:

No changes are proposed with respect to existing terms of reference.

Committee on Dental Admission Test:

One change is proposed with respect to existing terms of reference:

RESOLVED:

88:108 **THAT a student representative be
added to the Dental Admission
Test Committee.**

DEFEATED

**COUNCIL ON ACCREDITATION:
PROPOSED TERMS OF REFERENCE:**Membership of the Council on Accreditation

- 1 member appointed by the CDA
- 1 member (active in Hospital or Institutional Dentistry)
appointed by the CDA
- 3 members appointed by the A.C.F.D. (including a
representative of the Committee of Deans)
- 1 member appointed by ACFD Dental Auxiliary Educators
Section
- 2 members appointed by the N.D.E.B.
- 2 members appointed by Provincial Dental Licensing
Authorities
- 1 member appointed by R.C.D.C.
- 1 member (a dental assistant) appointed by C.D.A.A.
- 1 member (a dental hygienist) appointed by C.D.H.A.
- 1 member representing the consumer/public, appointed by
the Council on Accreditation

TOTAL 14 members.

The Chairman of the Council on Accreditation shall be elected from among the members of the Council in the following fashion: Any two members of Council may propose and second a nomination

to be received directly by the CDA Committee on Nominations, Awards and Trusts. The CDA Committee on Nominations, Awards and Trusts will employ a secret ballot of the Council on Accreditation if more than one nomination is received. If the ballot results in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Council on Accreditation shall be two (2) years, renewable once by election. Appointments shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Accreditation.

The Council on Accreditation shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Council on Accreditation and the CDA Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Council on Accreditation.

It shall be the duty of the Council on Accreditation:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, dental auxiliaries, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and dental auxiliaries by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, the Council on Certification, and others, as appropriate, with respect to current and developing certification processes;

- e) cooperating with organizations representing dental auxiliaries, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for dental auxiliaries.
- iii) To report annually to the Board of Governors of the CDA and all other constituencies.

COMMITTEES

The standing committees of the Council on Accreditation shall be the Committee on Undergraduate/Postgraduate Programs in Dentistry, The Committee on Dental Hygiene/Dental Assisting/Dental Technology, the Committee on Hospitals, The Committee on Documentation and the Nominating Committee. The Council on Accreditation shall have the power to appoint committees and sub-committees as it shall deem expedient.

COMMITTEE ON UNDERGRADUATE/POSTGRADUATE PROGRAMS IN DENTISTRY: PROPOSED MEMBERSHIP AND TERMS OF REFERENCE

The Chairman and members of this Committee shall be appointed by Council. The duties of the Committee shall be:

1. Review accreditation survey reports of educational programs in Dentistry and the dental specialties and make recommendations to Council on the accreditation status of each program.
2. Carry out such other tasks as Council may direct from time to time.

Membership:

- 2 Council members representing ACFD
- 1 Council member representing R.C.D.C.
- 1 Council member representing Provincial Dental Licensing Authorities
- 1 Council member representing NDEB
- 1 Council member representing CDA
- 1 Council member representing Consumer/Public
- 1 member representing Dental Students (appointed by Council on Student Affairs)

TOTAL 8 members

**COMMITTEE ON DENTAL HYGIENE/DENTAL ASSISTING:
PROPOSED MEMBERSHIP AND TERMS OF REFERENCE**

The Chairman and members of this Committee shall be appointed by Council. The duties of the Committee shall be:

1. Review accreditation survey reports of educational programs in Dental Hygiene and Dental Assisting (Intra-oral) and Dental Technology and make recommendations to Council on accreditation status of each program.
2. Carry out such other tasks as Council may direct from time to time.

Membership:

- | | |
|---|---|
| 2 | Council members representing Auxiliaries (a dental assistant, and a dental hygienist) |
| 1 | Council member representing ACFD |
| 1 | member representing CDA |
| 2 | members representing students (nominated by CDHA & CDAA |
| 1 | member representing Provincial Dental Hygiene Licensing Authorities |

TOTAL 7 members.

**COMMITTEE ON HOSPITALS:
PROPOSED MEMBERSHIP AND TERMS OF REFERENCE**

The Chairman and members of this Committee shall be appointed by Council. The duties of the Committee shall be:

1. Review accreditation survey reports of non-specialty dental internship/residency programs and hospital dental services and make recommendations to Council on the accreditation status of each program or service.
2. Consider issues related to the interests of dental services in acute care hospitals and make appropriate recommendations to the Committee on Community and Institutional Dentistry.
3. Carry out such other tasks as Council may direct from time to time.

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Membership:

- 1 Council member representing hospitals
- 1 Council member representing ACFD
- 1 member representing hospitals
- 1 member representing CDA
- 1 member representing CDHA
- 1 member representing hospital residents/interns
- 1 member representing RCDC

TOTAL 7 members

Implications of Changes in Structure Described Above:

While the membership of Council's committees has been redefined it is anticipated that these committees would meet concurrently in the same space of time as currently provided.

The new Committee on Hospitals appears to represent additional costs, but this appearance is misleading. It would absorb responsibilities for accreditation now held by the Council on Hospital and Institutional Services, so that costs would likely be offset by corresponding savings in the operating costs associated with the latter. The Task Force believes that all accreditation activities should fall under the proposed autonomous Council on Accreditation. It is felt that the removal of such responsibility from the Council on Hospital and Institutional Services may provide an opportunity for the creation of a Council or Committee on Community and Institutional Dentistry, which might among other responsibilities be assigned the task of focussing CDA's initiatives with respect to geriatric dentistry. (See Recommendation 8).

The Need for a National Council on Dental Hygiene/Dental Assisting Certification:

The Task Force believes that certification is a valuable quality assurance process operating in the public interest. In this context, if the accreditation process were no longer to be applied to educational programs for level 1 (extra-oral) dental assistants, a national certification process with a broad base of appropriate support could provide an alternative approach to quality assurance. The establishment of basic certification processes would also provide a foundation for mechanisms concerned with continuing certification or competence.

While basic initiatives on such issues must come from the Canadian Dental Hygienists Association and the Canadian Dental Assistants Association, their success depends on credible linkage with and support from the dental profession, the licensing authorities and dental educators. The Task Force believes that it is desirable to establish a Council on Certification to provide such linkage as well as to allow effective communication and cooperation, at the national level, between licensing authorities in dentistry and dental hygiene.

In the opinion of the Task Force the National Dental Examining Board of Canada would provide an ideal home for such a Council on Certification. The NDEB has indicated that although the provisions of the Act do not permit it to assume legal responsibility for auxiliary certification, it may be able to enter into a lease arrangement which would make available the expertise and resources of the NDEB to such a Council on Certification. At some future date a more complete integration of the certification processes may be possible. The Task Force emphasizes that it is important that steps be taken to provide a mechanism for auxiliary certification as quickly as possible. The Task Force has drafted terms of reference of a Council on Dental Hygiene/Dental Assisting Certification, as follows:

**COUNCIL ON DENTAL HYGIENE/DENTAL ASSISTING CERTIFICATION:
PROPOSED MEMBERSHIP AND TERMS OF REFERENCE**

Membership:

- 1 member appointed by CDHA
- 1 member appointed by CDAA
- 1 member appointed by NDEB
- 1 member appointed by CDA
- 1 member appointed by Provincial Dental Hygiene Licensing Authorities
- 1 member appointed by Provincial Dental Licensing Authorities
- 1 member representing Consumer/public appointed by the Council on Accreditation
- 2 members representing ACFD Dental Auxiliary Educators Section (a dental hygienist and a dental assistant) appointed by the ACFD section on Dental Auxiliary Educators

TOTAL 9 members.

The Chairman of this Council on Certification shall be a member of the Council nominated by the CDA Committee on Nominations, Awards and Trusts and appointed by the President of the Canadian Dental Association on the recommendation of Executive Council.

Appointments shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Certification.

It shall be the duty of the Council on Certification to:

- i) Promote the development of self-supporting certification processes for graduates of educational programs for dental auxiliaries, as quality assurance processes supplementing accreditation and contributing to national portability of program graduates.
- ii) Cooperate with CDHA, CDAA and other associations representing auxiliaries to promote such development.
- iii) Cooperate with licensing authorities to develop linkage between national certification and registration or licensure of auxiliaries.
- iv) Cooperate with the Council on Education, ACFD and other educational organizations with an interest in certification as a quality assurance process.
- v) Consider, recognize and approve certification policies and processes consistent with the aims and objectives of the Council.

It is hoped that the organizations identified in these draft terms of reference might cooperate to establish such a council. The following recommendations arise from the above deliberations on the topic of structure:

RESOLVED:

88.109 THAT the current CDA Council on Education and Accreditation be disbanded and that a Council on Accreditation, with membership and terms of reference as amended, be established and,

 THAT a CDA Council on Education with membership and terms of reference, as presented, be established, and

 THAT the Council on Constitution and By-laws prepare the necessary by-law amendments.

ADOPTED

RESOLVED:

88.110

THAT the CDA Council on Education and Accreditation invite representatives from CDA, NDEB, CDHA and CDAA to discuss means of establishing a Council on Dental Hygiene/Dental Assisting Certification along the lines proposed with the understanding that parties would fund their own representative.

ADOPTED

RESOLVED:

88.111

THAT CDA Board of Governors give consideration, (in view of proposed transferral of Council on Hospital and Institutional Services responsibilities for accreditation to the Council on Accreditation) to merging the Council on Hospital and Institutional Services and the Committee on Health Care to form a Council or Committee concerned with Community and Institutional Dentistry.

ADOPTED

Direction: THAT the Council work with the Roles and Responsibilities Committee.

5. BASIC PROCESSES REQUIRED:

The Task Force believes that our current accreditation process makes reasonable demands of schools and does not unduly influence the educational process. Most respondents support this view but some concern has been expressed that there is potential for demands to become unreasonable. The Task Force has noted the need to balance didactic and clinical dimensions in accreditation standards and processes. It notes as well the need for additional and improved communication with educational program administrators so that the accreditation process and its goals are understood and are developed cooperatively.

The Task Force observes, for example, that there appears to be a serious misunderstanding in some submissions in response to Discussion Paper One, of the purposes and processes of the C.O.R.E. program and of its carefully circumscribed and limited position within the accreditation process. It should be clearly understood that the C.O.R.E. program does NOT examine students and assign them grades. It reviews the performance of randomly selected students, in structured activities, as part of the process of assessing a program's success in clinical education. Some respondents also are apparently unaware that a consultative process was employed in establishing the C.O.R.E. program. It is clear that additional communication on this topic with educational programs is required. The Task Force continues to support the C.O.R.E. program as a DEVELOPING mechanism intended to provide a structured approach, within the accreditation process, to the assessment of the outcomes of clinical education. Such a structured review of outcomes is also supportive of the current linkage between the accreditation process and NDEB certification of dentists. It is felt that similar programs should be introduced within the accreditation process for dental specialties and dental auxiliaries.

The Task Force also notes the necessity for the accreditation process as a whole, particularly in its application to university programs, to reflect in its standards and processes equal or balanced concern for didactic as well as clinical program dimensions.

Several recommendations arise from the above considerations:

RECOMMENDATION 9 - Directed to: Council on Education and Accreditation/ACFD

THAT the Council on Education and Accreditation and ACFD explore how provision for communication with educational programs can be enhanced to ensure that accreditation requirements are developed consultatively and with understanding and support.

RECOMMENDATION 10 - Directed to: Council on Education and Accreditation

THAT the Council on Education and Accreditation review the Clinical Outcomes Review and Evaluation (C.O.R.E.) Program on the basis of experience and comments and pursue the process of refinement of this program as a continuing requirement of the accreditation process.

RECOMMENDATION 11 - Directed to: Council on Education and Accreditation

THAT the Council on Education and Accreditation develop clinical outcomes review programs to be utilized within the accreditation processes for Dental Specialties and Dental Hygiene/Dental Assisting programs.

RECOMMENDATION 12 - Directed to: Council on Education and Accreditation

THAT the Council on Education and Accreditation reaffirm the principle that accreditation requirements encompass non-clinical as well as clinical dimensions of educational programs and make provision for the developing accreditation process to be periodically reviewed to ensure that an appropriate balance of these dimensions is maintained.

The Task Force believes that we should continue to provide for accreditation of educational programs preparing members of the dental health care team delivering intra-oral patient care. Alternative approaches to quality assurance (e.g. certification) may be provided for auxiliaries whose tasks are limited to extra-oral procedures.

The Task Force has given special consideration to the question of involvement in the assessment of private (commercially mounted) educational programs. The Task Force is firmly of the opinion that commercially mounted educational programs should not be allowed to become involved in the education of dental hygienists and other intra-oral auxiliaries. It is noted, for

example, that provincial governments have commonly moved to place nursing education within universities and colleges because hospital-based programs had the potential to over-utilize students in areas of heavy demand for service and to give less attention to their preparation in other areas. Commercial education programs involving private dental operations may have the same potential conflict of interest, because educational needs may not coincide with profitable services or volume of services available.

RESOLVED: **THAT, in cooperation with provincial**
88.112 **associations, CDA contact Ministries**
 of Health and Education in each
 province to express opposition
 to the involvement of non-accredited
 commercially mounted educational
 programs in the preparation of intra-oral
 dental auxiliaries and present a
 detailed rationale illustrating
 the basis for such opposition, and

 THAT the Director of Education and
 Accreditation prepare the necessary
 letter.

ADOPTED

The Task Force recognizes that it is likely that commercial programs will continue to prepare Level 1 dental assistants. If the accreditation process for Level 1 programs continues the Task Force feels that standards expected of commercial programs must be the same as those required of public programs. Because commercial programs may be affected by additional external factors and may change quickly, a shorter term of accreditation should be employed. It is also appropriate to charge for such accreditation on a cost-recovery basis.

The Task Force reviewed a number of other questions concerned with the operation of the Council on Education and Accreditation. Does every member need full documentation on every survey? Is the format of survey reports meeting needs or are specific improvements required? Should members present on specific surveys be ineligible to take part in discussion of these specific survey reports? How can we streamline or improve the operation of the Council?

The Task Force is relatively well satisfied with the operation of the Council. Council is currently employing a system of structured independent review of survey reports by members of Council. The independent reviewers report to the appropriate committee and the committee makes recommendations to Council.

Consequently, it is felt that Council members do not need to receive complete survey reports for every survey being considered; members should receive reports being reviewed by the committee on which they serve and the summaries of independent reviewers on the other committees. However, copies of all reports will be available for review as required. Programs receiving CONDITIONAL STATUS which requires a progress report within one year will be required to supply an Executive Summary prepared by the program director along with the detailed progress report for Council's review.

The format of survey reports is regarded as generally satisfactory. It is felt that the Committee on Documentation should examine how the following are reflected in current requirements and survey reports: sequencing and integration of courses within programs; processes employed for course evaluation and curriculum revision.

Council members present on accreditation surveys should, in the opinion of the Task Force, not make presentations to Council on the programs visited. They should be able to respond to questions, if directed by the chair, and should not be required to leave the room during discussion.

The subject of the length of term of accreditation or length of the accreditation cycle was discussed. The Task Force considers that a seven-year cycle of accreditation is appropriate for all publicly funded educational programs, provided there is a requirement for programs to submit annual or biennial questionnaires pinpointing areas where any changes are occurring. Educational programs operated by business interests, as noted earlier, require a shorter cycle for accreditation, such as a three-year cycle.

TASK FORCE REPORT

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A number of recommendations arise from the above considerations:

RECOMMENDATION 14 - Directed to: Council on Education and Accreditation

THAT Council members should receive the accreditation survey reports being reviewed by the committee on which they serve including executive summaries of progress reports prepared by programs as well as summaries of independent reviewers on the other committees.

RECOMMENDATION 15 - Directed to: Council on Education and Accreditation

THAT the following policy be implemented, by the Chairman of Council, to govern the participation, in Council discussion, of members present on the survey visit which produced the report under review: Council members present on the survey visit will not be permitted to lead discussion or make unsolicited presentations during consideration of the related survey report but will be permitted to respond to specific questions at the direction of the chairman.

RESOLVED:

88.113 (a) THAT the initial period of accreditation for a new program with FULL APPROVAL be three (3) years and that subsequent terms of accreditation for programs with FULL APPROVAL be for seven (7) years.

ADOPTED

RECOMMENDATION 16: Directed to Council on Education and Accreditation

(b) THAT all accredited programs not required to complete the ADA Survey of Predoctoral Dental Educational Institutions be required to submit responses to a biennial questionnaire designed to detect significant changes in an educational program's curriculum or resources.

6. BASIC RESOURCES REQUIRED:

The Task Force reviewed current revenue and costs of the accreditation process and a five-year projection of revenue and costs based upon current levels of demand and financial support. It is noted that accreditation fees charged through A.C.F.D. have not been increased in more than a decade and that costs during the same period have increased dramatically. Appendix I presents a proposed set of fee increases recommended for introduction January 1, 1989.

The Task Force believes that CDHA and CDAA, on principle, should support the accreditation process financially once an autonomous structure is established and that any new associations or groups formally represented on the Council on Accreditation should participate financially.

Changes or limitations with respect to policy on payment of per diems were discussed. Per diems are regarded as appropriate, provided it is recognized that they are not intended to fully offset costs of non-salaried professionals assisting the work of Council. It is felt that accreditation warrants some level of support as a professional obligation.

The Task Force does not favour the introduction of more than one level of per diem, but the Director of Accreditation should have scope to take action administratively when a non-salaried surveyor is in his judgement penalized unduly by the specific circumstances of participation.

Since the daily per diem has not changed in many years, and since the amount is arbitrarily defined rather than related to a formula or any defined base, an increase from \$150 to \$175 has been reflected in the five-year projections of expenses reviewed by the Task Force.

RESOLVED:

- 88.114 (a) THAT the per diem for an accreditation survey be increased from \$150 to \$175 per day.
- (b) THAT the increases in accreditation survey fees (outlined in Appendix 1) for educational programs paying through A.C.F.D. be implemented as of January 1, 1989.

ADOPTED

The Task Force also notes that the possibility of government funding was discussed, but wishes to record its opinion that governmental funding is inappropriate and that accreditation should continue to be supported primarily by dental and dental auxiliary organizations and the educational programs seeking accreditation.

Physical and human resources supporting the accreditation process were reviewed. In addition to the Director of Accreditation, who carries other unrelated administrative responsibilities, there is a full-time Coordinator of Accreditation responsible for survey administration and clerical support and a secretary. Total office space allocated to the department is currently less than that provided five years ago when two second floor offices and a first floor cubicle were utilized.

The volume of accreditation surveys has nearly doubled in the same five-year period. The following table summarizes growth, in the last five years, in each of the areas listed:

Dental Specialty Programs	2
Dental Hygiene Programs	8
Dental Assisting Programs	3
Hospital Services/Internships	6

The following recommendations arise from the above considerations:

RECOMMENDATION 18 - Directed to: Management Committee/
Administration

THAT improved and expanded physical space consistent with needs be made available to the accreditation department and

THAT consideration be given to establishing a distinct location within the CDA building consistent with the public interest dimension of the Council.

RECOMMENDATION 19 - Directed to: Management Committee/
Administration

THAT a qualified person be engaged to assist with survey supervision and department administration.

RECOMMENDATIONS RELATED TO FINANCIAL SUPPORT OF THE COUNCIL ON
ACCREDITATION

RESOLVED:

88.115

THAT the goal be established to operate the Council on Accreditation on a cost recovery basis balancing expenditures against revenues provided from:

(a) LEVIES:

- Provincial Dental Licensing Authorities.
- Provincial Dental Auxiliary Licensing Authorities
- the National Dental Examining Board of Canada
- the Royal College of Dentists of Canada
- Canadian Dental Hygienists Association and
- Canadian Dental Assistants Association through the Council on Dental Hygiene/Dental Assisting Certification when established

(b) SURVEY FEES:

- charged directly to colleges and hospitals
- charged to universities through the ACFD

(c) GRANTS/PROVISION OF RESOURCES:

- the Canadian Dental Association and other cooperating associations and benefactors.

ADOPTED

RESOLVED:

- 88.116 THAT the Canadian Dental Association through the Council on Accreditation provide annual statements of revenue and disbursements related to accreditation to all constituencies represented on the Council.

ADOPTED

RESOLVED:

- 88.117 THAT an ad hoc committee be struck to advise on and assist the successful implementation of all recommendations related to financial support of the Council on Accreditation and to propose further initiatives required to this end.

ADOPTED

7. SUMMARY OF RECOMMENDATIONS AND CONCLUSIONS:

A total of 22 recommendations are presented in the Task Force Report.

CONCLUSION

The Task Force on Future Planning wishes to thank those associations, organizations and individuals who took the time to present responses to Discussion Papers One and Two and accordingly helped shape the outcome of this final report. Because of the scope of the recommendations presented the Task Force has made a special effort to invite this input, in order to ensure that the review of these important issues is not limited to discussion at the meeting of the Council on Education and Accreditation or the CDA Board of Governors at which the report is presented.

ADOPTION OF REPORT

Board of Governors wishes to express appreciation to the Task Force members Dr. Dick, Dr. Thordarson, Ms. Kate MacDonald, Dr. Arthur Schwartz and Mr. Henderson for the work done on the Task Force Report and to all concerned for the level of response which produced this result.

APPENDIX I

PROPOSAL FOR INCREASE IN ACCREDITATION FEES COLLECTED THROUGH A.C.F.D.

Present Situation

Currently, the A.C.F.D. collects annually, from each university, a fee for each accredited educational program. An analysis is attached. Fees are reduced with each accredited program, from \$500 to \$400 to \$300 (to a minimum of \$200). Hospital Services are not covered by this A.C.F.D. service and are charged directly a separate accreditation fee of \$850.00 for each survey visit. This covers residency/internship programs as well as the dental service. Community colleges currently pay \$2,000 per program (or \$2500 for a flow-through program) or \$400/\$500 per annum.

Recent Fee Increases

The Community college programs have been charged \$2,000 (instead of the previous fee of \$1,500) since 1986.

The Hospital Dental Service fee was increased from \$500 to \$850 in 1986. Fees charged the universities, through A.C.F.D., have not been changed in more than a decade.

Comparative Data

The typical integrated survey of a University now costs about \$12,000. This may be compared with the current average fee, as collected over five years, of \$5,500. Direct Fees now support 46% of costs.

Typical cost of a community college survey is about \$2,600. This may be compared with the current fee of \$2,000. Direct Fees represent 77% of costs.

Proposed New Schedule

A proposed new schedule for fees collected through A.C.F.D. is attached. It is identical to a schedule presented to Council for approval (in June 1985) which Council rejected on the grounds that justification for a fee increase had not been presented. If it were now implemented, the new average annual fee per university would become \$1,390 and fee revenue over a seven year cycle would be \$9,730. Assuming annual inflation of 4% this would represent 61 per cent of the \$15,790 cost of a typical survey seven years from now. If it were currently in force it would represent 81% of costs.

ACCREDITATION FEES COLLECTED ANNUALLY THROUGH A.C.F.D.

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	Amount Collected <u>per Program</u> Proposed	Amount Collected <u>per Program</u> Existing
University of Alberta		
DDS/DMD	\$ 600	\$ 500
Orthodontics	500	400
Dental Hygiene	400	300
	<u>\$1,500</u>	<u>\$1,200</u>
Dalhousie University		
DDS/DMD	600	500
Oral Surgery	500	400
Periodontics	400	300
Dental Hygiene	300	300
	<u>\$1,800</u>	<u>\$1,500</u>
Laval University		
DDS/DMD	600	500
Oral Surgery	500	400
	<u>\$1,100</u>	<u>\$ 900</u>
University of Manitoba		
DDS/DMD	600	500
Oral Surgery	500	400
Orthodontics	400	300
Prosthodontics	300	200
Dental Hygiene	300	300
	<u>\$2,100</u>	<u>\$1,700</u>
McGill University		
DDS/DMD	600	500
Oral Surgery	500	400
	<u>\$1,100</u>	<u>\$ 900</u>
University of Montreal		
DDS/DMD	600	500
Orthodontics	500	400
Pediatric Dentistry	400	300
	<u>\$1,500</u>	<u>\$1,200</u>

ACCREDITATION FEES COLLECTED ANNUALLY THROUGH A.C.F.D.

-3-

	Amount Collected <u>per Program</u> Proposed	Amount Collected <u>per Program</u> Existing
University of Saskatchewan		
DDS/DMD	600	500
University of Toronto		
DDS/DMD	600	500
Oral Pathology	500	400
Oral Radiology	400	300
Oral Surgery	300	200
Orthodontics	300	200
Pediatric Dentistry	300	200
Periodontics	300	200
	<u>\$2,700</u>	<u>\$2,000</u>
University of Western Ontario		
DDS/DMD	600	500
Orthodontics	500	400
Oral Pathology	400	300
	<u>\$1,500</u>	<u>\$1,200</u>
TOTALS	\$13,300	\$11,100

This represents a 19.8% increase in overall A.C.F.D. fee income.

NOTE: University programs may opt to pay the CDA directly, either annually or upon completion of an accreditation survey*. The survey fee in the latter case, will be calculated as follows:

First Program:	\$ 600 X 7 =	\$4,200
Second Program:	\$ 500 X 7 =	\$3,500
Third Program:	\$ 400 X 7 =	\$2,800
Fourth and each additional program	\$ 300 X 7 =	\$2,100

*The University of British Columbia currently utilizes this option.

COST ANALYSIS FOR THE ACCREDITATION PROCESS

REVENUE	1987 Budget	1987 Actual	1988 Budget
LICENSING BODY FEES			
Newfoundland		1410	1360
Prince Edward Island		470	460
Nova Scotia		3630	3650
New Brunswick		2470	2470
Quebec		29470	27000
Ontario		54925	50000
Manitoba		4855	4600
Saskatchewan		3625	3600
Alberta		12705	12510
British Columbia		18780	17510
	124350	132340	123160
SURVEY REVENUE			
Universities & Colleges	17500	18600	25500
Hospitals	4675	5750	4800
	22175	24350	30300
GRANTS			
NDEB - Accreditation	15000	18000	18000
AFCD - Accreditation	11000	11000	11000
	26000	29000	29000
TOTAL REVENUE	172525	185690	182460
EXPENSES			
Accreditation staff	95305	104766	109537
Education and Accreditation (80%)	57968	63692	64924
University surveys	32220	24677	44400
College surveys	30000	31954	34700
Council on Hospital & Institutional Services (80%)	12172	10707	14761
Hospital Surveys	12455	17035	10800
TOTAL EXPENSES	240120	252831	279122
NET REVENUE/(EXPENSE) (excluding overhead)	(67,595)	(67,141)	(96,662)

29/05/88

DENTAL HYGIENE COMPETENCY PROFILE

CONTENTS (in alphabetical order)

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DEFINITION OF DENTAL HYGIENE

A dental hygienist is a licensed oral health care team member concerned primarily with the prevention of dental disease. Dental hygienists work within terms of legislation prescribed in each province, in order to provide education and treatment that helps prevent periodontal disease and dental caries. A dental hygienist may be employed in general or specialty office practice and/or community dentistry, education, research, business and industry.

The Dental Hygiene Competency Profile presents a detailed composite of Dental Hygiene care procedures performed by hygienists for which educational programs preparing hygienists must prepare students if the programs are to be eligible for national accreditation through the CDA Council on Education and Accreditation.

INTRODUCTION TO DENTAL HYGIENE COMPETENCY PROFILE

Purpose:

The CDA Accreditation process reviews educational programs for Dental Hygienists against national standards established through the CDA Council on Education and Accreditation. These national standards specify that educational programs shall be assessed in terms of their potential ability to meet their own **declared educational objectives**. Such a starting point for the accreditation process grants full recognition to the specific expertise of educators who may employ a variety of educational approaches in meeting their declared objectives.

One consequence of this policy is the need for the CDA Accreditation process to define a set of **MINIMUM BASIC OBJECTIVES** for educational programs for Dental Hygienists. Without specific minimum objectives, CDA could be placed in the position of accrediting a program purporting to prepare hygienists when the declared goals of the educational program were far too limited to warrant recognition of the program's graduates as hygienists.

This document, **DENTAL HYGIENE COMPETENCY PROFILE**, presents an official description of minimum or baseline skills to be expected of any graduate of any nationally accredited educational program for hygienists. Programs applying for Accreditation must include these specific terminal objectives within their own declared objectives. Educational programs are granted a great degree of flexibility in **how** they meet these objectives, but they must demonstrate both that they **aim** to meet them and that they **can** do so.

In some provinces, the range of dental hygiene care is greater than that specified in this **DENTAL HYGIENE COMPETENCY PROFILE**. Educational programs in these provinces may include additional objectives to prepare graduates to perform such additional procedures. The national accreditation process, however, does not imply recognition of any additional hygiene care procedures beyond those specified.

Competency Profiles and Education

Competency profiles, as composites of procedures which a graduate of an educational program must be able to perform, are of tremendous value to health science educational programs. They provide a specific basis for the objectives of an educational program and, as such, a foundation upon which program curriculum and clinical education arrangements can be constructed.

Traditional competency profiles list only required terminal skills and ignore cognitive development necessary to the achievement of those skills. This Dental Hygiene Competency Profile is presented in the traditional format and educational programs exercise judgement in designing a combination of didactic instruction and clinical experience which will enable the program to produce graduates with the specified skills and their supporting basis of knowledge.

Educators also utilize competency profiles as an essential element in the educational program's student evaluation process. Since the competency profile identifies the necessary skills, the program's process of evaluation can be designed to measure the student's mastery of each individual skill.

In well-developed educational programs there is a conscious and systematic inter-relationship between the competency profile and program curriculum and clinical education, as well as between the competency profile and student evaluation processes.

How The Competency Profile Was Established:

The CDA Council on Education and Accreditation recognized the need to introduce national competency profiles in support of the national accreditation process. A special working group was established in the fall of 1985 to collect information on provincial competency profiles and other resources. The Canadian Dental Association and the Canadian Dental Hygienists Association both contributed funds to support the project and a dental hygiene consultant, Wendy Halowski, was engaged. The consultant was directed by the working group to review resources and prepare a discussion paper outlining elements of a competency profile for dental hygienists that reflected those duties that hygienists are permitted to perform in every province. This paper was reviewed and revised during several meetings of the working group. Initial drafts were also circulated to licensing authorities, educators and organizations representing hygienists across Canada and comments were invited and considered. The CDA Council on Education and Accreditation approved the document in principle, subject to final editing, in June 1986. A special meeting was held in January, 1987 to enable provinces with specific concerns about the wording of some sections to assist in the final editing of the document. Further concerns were identified by the Canadian Dental Hygienists Association and a further draft was circulated to all groups involved in the review process in September, 1987.

GLOSSARY OF TERMS

Assumptions

Terminology employed in this document must be understood to be employed in the context of two essential assumptions:

1. Dental Hygiene care is one widely required group of oral therapies that may be indicated by a differential diagnosis and which a dentist may delegate to a dental hygienist. Requirements for Supervision and Delegation vary from province to province and this may result in differences in program design.
2. Dental hygienists, in the implementation and evaluation of Dental Hygiene care, must make their own judgements or assessments - which do not constitute comprehensive differential diagnosis - but which are specific assessments, within dental hygiene competence and preparation, necessary to patient care or education.

Important Terms

The following are examples of terms employed in the Competency Profile which must be understood in the above context:

INSPECT OR EXAMINE - these terms denote an examination, for dental hygiene purposes, within the responsibility and competence of a dental hygienist.

ASSESS OR EVALUATE - these terms denote a judgement or assessment, for dental hygiene purposes, within the responsibility and competency of a dental hygienist.

SECTION I: CONDUCT APPROPRIATE TO A PROFESSIONAL SETTING

As a team member in a professional practice, the dental hygienist contributes to the creation of a professional atmosphere. A professional attitude and ethics are fostered through examination and clarification of values, attitudes, beliefs, mission and vision. These are demonstrated through behaviour and interactions with patients, colleagues, other members of the dental team and the public. Since professional behaviour is difficult to define precisely, some indicators of professional behaviour have been described.

I-I COMPETENCY:	Apply Communication Skills
CONDITIONS:	With patients of all age ranges and with colleagues.
CRITERIA:	1. Demonstrate interviewing techniques. 2. Demonstrate listening skills. 3. Demonstrate speaking skills. 4. Interpret nonverbal behaviour. 5. Develop helping, supporting relationships. 6. Demonstrate decision-making skills. 7. Demonstrate problem-solving skills. 8. Demonstrate conflict-management skills. 9. Handle incoming and outgoing calls on the telephone.

I-2 COMPETENCY: Demonstrate Job-finding Skills

CONDITIONS:

CRITERIA:

1. Prepare a resume.
2. Locate employment opportunities.
3. Write a letter of application for a prospective position.
4. Participate in an interview with a prospective employer.
5. Write an employment agreement.

I-3 COMPETENCY: Demonstrate Ethics Appropriate to a Professional Setting

CONDITIONS:

CRITERIA:

1. Carry out dental hygiene care within the regulations of the governing body.
2. Demonstrate a responsible professional relationship with patients
3. Demonstrate a professional relationship with colleagues.
4. Explain peer review and its process in the province
5. Perform self-evaluation and improve where necessary.
6. Maintain standards in patient care for quality assurance.
7. Address ethical dilemmas.
8. Support dental hygiene professional organizations.
9. Research current issues in oral health.

I-4 COMPETENCY: Research Dental Literature

CONDITIONS:

CRITERIA:

1. Identify common sources of dental literature.
2. Read published current dental literature.
3. Interpret descriptive and inferential statistical techniques commonly used in research.
4. Evaluate dental literature appropriate to dental hygiene.
5. Apply research outcomes to dental hygiene care.

SECTION II: DENTAL HEALTH EDUCATION

As a member of the dental health team and an oral health educator, the dental hygienist identifies and takes into consideration the psychological, sociological and behavioural aspects involved in working with both individuals and groups. The role of the hygienist when working with individuals is to help the patient to identify his or her own values and priorities related to dental health and to accept responsibility for them. The hygienist facilitates the acquiring of knowledge and the learning of skills by the patient to achieve and maintain his or her own oral health. In the community, the dental hygienist works with groups to identify needs and to act as a resource person to provide pertinent information and resources relating to dental health.

- II-1 COMPETENCY: Apply Principles of Instruction and Learning
- CONDITIONS: When working with individuals or groups, providing instruction in dental health.
- CRITERIA:
1. Establish learning environment.
 2. Progress at rate of learner(s).
 3. Use small, ordered steps during instruction.
 4. Provide immediate feedback to learner(s).
 5. Obtain feedback from learner(s).
 6. Encourage active participation by learner(s).
 7. Provide positive reinforcement.
 8. Assist learner(s) in setting goals for desired change.
 9. Use scientifically accurate information, visual aids and resources.

II-2 COMPETENCY: Conduct Screenings for Epidemiological Purposes

CONDITIONS: In clinical or public health settings, working with patients.

CRITERIA:

1. Employ appropriate index.
2. Use plaque indices.
3. Use gingival indices.
4. Use caries indices
5. Use periodontal indices.
6. Score indices accurately.
7. Report results of indices.
8. Employ results in planning dental hygiene care.

II-3 COMPETENCY: Counsel Patients in Oral Health

CONDITIONS: Given patients of varying age ranges and varying special needs.

CRITERIA:

1. Assess clinical findings and patient needs.
2. Plan individualized recommendations.
3. Select oral physiotherapy aids and audiovisual materials.
4. Implement recommendations with patient.
5. Review patient progress and revise plan according to patient's needs.
6. Provide factual information related to patient's needs and concerns.
7. Apply principles of instruction and learning.
8. Apply communication skills.
9. Record recommendations, patient progress and modifications.
10. Encourage patient's self-care.

II-4 COMPETENCY: Counsel Patients in Diet

CONDITIONS: Given patients who have a need and have expressed an interest in their diet.

CRITERIA:

1. Assess clinical findings and patient concerns.
2. Plan individualized dietary recommendations.
3. Discuss dietary recommendations.
4. Review patient progress.
5. Apply principles of instruction and learning.
6. Apply communication skills.
7. Record recommendations, patient progress and modifications.

II-5 COMPETENCY: Develop Community Dental Health Education Programs

CONDITIONS: Given a segment of the community with a specific dental health need and the opportunity to consult with appropriate resources.

CRITERIA:

1. Identify the program goals.
2. Determine the priorities.
3. Identify constraints.
4. Develop program goals, objectives and activities.
5. Develop implementation strategy.
6. Implement program.
7. Evaluate and revise program.

SECTION III: PATIENT CARE PROCEDURES

Patient care consists of those clinical procedures which are delegated to the dental hygienist, under the regulations of the various provincial governing bodies. Performance of patient care procedures requires appropriate scientific knowledge, including some understanding of behavioural science. Because the dental hygienist is expected to provide individualized patient care and to assist patients to achieve and maintain oral health, patient care requires judgement and appropriate decision-making.

III-1 COMPETENCY: Administer Emergency Care

CONDITIONS: Given situations involving an emergency in the clinical practice setting.

CRITERIA:

1. Maintain office emergency kit.
2. Prepare for potential emergency situations, including rehearsal of emergency responses.
3. Recognize signs and symptoms of emergency situations.
4. Summon aid.
5. Administer basic first aid, when required.
6. Administer CPR, when required.
7. Monitor vital signs.
8. Operate oxygen administration equipment.
9. Transfer care to attending dentist or medical personnel.
10. Assist attending personnel in administration of emergency care.
11. Record description of emergency care.

III-2 COMPETENCY: Apply and Remove Periodontal Dressing

CONDITION: Given post-surgical patients with the need for periodontal dressing to be applied or removed.

CRITERIA:

Apply

1. Select and prepare dressing according to manufacturer's directions.
2. Apply dressing to cover surgical site.
3. Lock dressing mechanically into place.
4. Remove dressing impinging on soft tissues during speech or mastication.
5. Maintain functional occlusion.
6. Provide post-operative care instructions.

Remove

7. Debride surgical site.
8. Remove dressing and any residual fragments without trauma.
9. Provide post-operative instructions.

III-3 COMPETENCY: Apply Topical Anti-cariogenic Agents

CONDITIONS: Given patients requiring anti-cariogenic agents.

CRITERIA:

1. Remove all deposits from area of application.
2. Select method of application.

Topical Agents

1. Isolate operating field.
2. Control saliva and moisture so field is dry.
3. Apply agent for recommended time.
4. Minimize ingestion of agent by patient.
5. Remove isolating materials.
6. Use tray technique, when indicated.
7. Provide post-treatment instructions.
8. Provide home treatment therapy instructions.

Enamel Sealants

1. Isolate operating field.
2. Dry teeth.
3. Apply etching agent for recommended time.
4. Apply prepared sealant to cover pits, grooves and cusp slopes of etched surfaces only.
5. Maintain unaltered occlusion.
6. Check that sealant is hard, free from voids, adheres to tooth surface and has smooth margins.

III-4 COMPETENCY: Assess Patient's Status

CONDITIONS: Given patients with normal and deviations from normal oral conditions.

CRITERIA:

1. Use systematic approach.
2. Apply principles of instrumentation.
3. Record patient complaints.
4. Record deviations from normal conditions accurately using accepted symbols, abbreviations, and terminology.
5. Identify contra-indications for treatment.

Head and Neck

1. Observe general appearance of patient.
2. Conduct inspections and report observations on skin, temporomandibular joint and neck.

Intraoral Soft Tissues

1. Conduct inspections and report observations on lips, hard and soft palate, tonsils, tongue, floor of mouth, vestibule, oropharynx and mucosa.

III-4 COMPETENCY: Assess Patient's Status (cont'd.)

Dentition and Periodontium

1. Conduct initial inspection and report observations on:
2. teeth present
3. restorations
4. caries
5. stains and hard and soft deposits
6. developmental anomalies and regressive changes
7. mobility
8. proximal contacts
9. zones of gingiva
10. frenum attachments
11. sulcus depths
12. bleeding and exudate
13. furcation involvements
14. plaque and gingival indices

Occlusion

1. Classify molar relationships (employing Angle's classification if possible).
2. Measure horizontal overlap and vertical overlap.
3. Identify swallowing patterns.

III-5 COMPETENCY: Manage Patients with Varying Types of Special Needs

CONDITIONS: Given patients with varying types of special needs.

CRITERIA:

1. Identify special needs of patient.
2. Plan an approach to providing individualized care.
3. Implement modified dental hygiene care.
4. Evaluate success of modified dental hygiene care.
5. Complete follow-up care at appropriate intervals.

III-6 COMPETENCY: Clean Removable Appliances

CONDITIONS: Given patients with removable appliances with adherent deposits

CRITERIA:

1. Remove hard and soft deposits from appliance.
2. Polish denture if required.
3. Avoid trauma to patient's mouth.
4. Instruct patient in proper use and care of the appliances.

III-7 COMPETENCE: Desensitize Teeth

CONDITIONS: Given patients with hypersensitive teeth, for whom a desensitizing procedure is required

CRITERIA:

1. Isolate tooth to be desensitized.
2. Prepare tooth surface.
3. Apply desensitizing agent according to manufacturer's directions.
4. Evaluate effectiveness of procedure.

III-8 COMPETENCY: Isolate Operating Field

CONDITIONS: When providing patient care procedures with the need for isolation of the working field

CRITERIA:

1. Inspect operating field.
2. Select method of isolation.

Cotton Rolls

3. Place cotton rolls.
4. Seat cotton-roll holders.
5. Remove cotton-rolls and holders.

Rubber Dam

3. Select rubber dam clamp.
4. Prepare rubber dam.
5. Attach floss to rubber dam clamp.
6. Apply rubber dam clamp, dam and frame.
7. Stabilize rubber dam.
8. Control moisture and saliva so operating field is dry.
9. Remove rubber dam.
10. Avoid trauma to hard and soft tissues.

III-9 COMPETENCY: Obtain Health History

CONDITIONS: Given patients with varying medical and dental conditions which affect dental treatment.

CRITERIA:

1. Assist patient in answering health history form, when indicated.
2. Question patient about each non-normal condition.
3. Complete health history form accurately.
4. Identify health problems and conditions requiring modification of treatment.
5. Consult dentist or physician when indicated.
6. Ensure that health history is signed and dated by patient.
7. Update health history form as needed.

III-10 COMPETENCY: Obtain Vital Signs

CONDITIONS: Given patients of varying age and with various medical histories

CRITERIA:

1. Determine blood pressure.
2. Determine pulse.
3. Determine respiration.
4. Determine temperature.
5. Record vital signs.

III-11 COMPETENCY: Plan Dental Hygiene Care

CONDITIONS: Given patients with a data base who demonstrate a variety of dental health needs which can be met by dental hygienists.

CRITERIA:

1. Review clinical findings to implement patient's dental hygiene treatment.
2. Organize approved treatment plan for dental hygiene care.
3. Present treatment plan to patient.
4. Obtain patient's agreement to cooperate.
5. Implement treatment plan with cost effective use of time.
6. Record procedures and patient progress.
7. Modify treatment plan as needed.
8. Suggest patient's recall interval.

III-12 COMPETENCY: Polish Clinical Crowns

CONDITIONS: Given patients with hard deposits removed and varying amounts of soft deposits and extrinsic stain.

CRITERIA:

1. Select teeth to be polished.
2. Use appropriate polishing agent for teeth and restorations.
3. Remove soft deposits and extrinsic stain from all surfaces.
4. Avoid hard and soft tissue trauma.
5. Follow systematic sequence.
6. Apply principles of instrumentation.

III-13 COMPETENCY: Finish and Polish Plastic Restorative Materials

CONDITIONS: Given patients with plastic restorations which require finishing and polishing.

CRITERIA:

1. Finish and polish restored surfaces.
2. Identify overhangs.
3. Produce smooth junction between restorative material and tooth surface.
4. Maintain or reproduce original contours of tooth.
5. Polish to achieve smooth, shiny surfaces.
6. Avoid hard and soft tissue trauma.

III-14 COMPETENCY: Remove Excess Cement

CONDITIONS: Given patients with excess cement on tooth surface or restorations.

CRITERIA:

1. Follow principles of instrumentation.
2. Select appropriate instruments.
3. Identify excess cement.
4. Remove excess cement.
5. Avoid hard and soft tissue trauma.

III-15 COMPETENCY: Remove Sutures

CONDITIONS: Given patients with sutures to be removed.

CRITERIA:

1. Debride operating field.
2. Determine type and number of sutures placed.
3. Remove suture without contaminating site.
4. Control bleeding.
5. Minimize pain and tissue trauma.
6. Provide post-removal instructions.

III-16 COMPETENCY: Scaling and Root Planing

CONDITIONS: Given patients with varying degrees of periodontal involvement from simple to advanced.

CRITERIA:

1. Follow principles of instrumentation.
2. Work in an efficient manner.
3. Select appropriate instruments.
4. Sharpen instruments as needed.
5. Use ultrasonic scaling devices, as appropriate.
6. Locate deposits and roughness.
7. Remove supragingival and subgingival deposits.
8. Smooth root roughness.
9. Minimize hard and soft tissue trauma.
10. Evaluate thoroughness of procedure.
11. Evaluate tissue response to therapy.

III-17 COMPETENCY: Take Impressions for Study Casts

CONDITIONS: Given patients with primary, mixed or permanent dentition.

CRITERIA:

1. Select impression tray and adapt to fit patient's mouth.
2. Prepare patient's mouth.
3. Mix impression material according to manufacturer's directions.
4. Load impression trays.
5. Take mandibular and maxillary impressions which reproduce the anatomy of the teeth and soft tissues.
6. Remove tray without distorting the impression.
7. Store impressions in manner which prevents distortion.
8. Take interocclusal record.

III-18 COMPETENCY: Take Dental and Panoramic Radiographs

CONDITIONS: Given patients for whom periapical, bitewing and occlusal and extra-oral radiographs have been prescribed.

CRITERIA:

1. Follow radiation protection guidelines for patient and operator.

Intra-oral

1. Utilize appropriate technique: paralleling or bisecting angle.
2. Position patient.
3. Assemble film holder when indicated.
4. Select exposure factors.
5. Place film according to technique used.
6. Position cone according to technique used.
7. Remove film and holders.
8. Minimize the number of retakes.

Extra-oral*

1. Select exposure factors.
2. Place film in cassette.
3. Position patient correctly.
4. Minimize the number of retakes

*Instruction in the principles of extra-oral radiology is required. Clinical practice is desirable but not required.

SECTION IV: CLINICAL SUPPORT PROCEDURES

Many procedures are necessary to support and facilitate the delivery of patient care. These procedures are an essential part of patient care and if not performed, the quality of patient care is affected. Some are performed for each patient appointment while others are performed when indicated.

IV-1 COMPETENCY: Apply Principles of Asepsis

CONDITIONS: Working in clinical situations, when providing patient care.

CRITERIA:

1. Sanitize dental equipment and operatory.
2. Disinfect dental equipment and operatory.
3. Use correct handwashing techniques.
4. Use disposable supplies where appropriate.
5. Prepare instruments and supplies for sterilization.
6. Sterilize instruments and supplies.
7. Store and transfer instruments and supplies in sterile manner.
8. Recognize and correct breaks in chain of asepsis.
9. Monitor sterilization techniques.
10. Protect patient and self from cross-contamination.

IV-2 COMPETENCY:	Apply Principles of Instrumentation
CONDITIONS:	Working in clinical situations and using appropriate instruments.
CRITERIA:	1. Determine use of instrument. 2. Determine working end of instrument. 3. Establish appropriate grasp. 4. Establish and use fulcrum. 5. Adapt and/or angulate instrument. 6. Activate stroke. 7. Avoid trauma to hard and soft tissues.

IV-3 COMPETENCY: Assemble Armamentarium

CONDITIONS: Working in clinical situations, prior to providing patient care.

CRITERIA:

1. Select instruments, equipment and supplies needed for procedure(s).
2. Arrange instruments in order of use.
3. Organize equipment and supplies close to operator in working zone.
4. Maintain principles of asepsis.

IV-4 COMPETENCY: Maintain Dental Operatory and Equipment

CONDITIONS: Working in clinical situations, prior to providing patient care.

CRITERIA:

1. Operate basic dental equipment in operatory.
2. Clean and oil equipment according to manufacturer's directions.
3. Organize equipment and supplies according to daily routine.
4. Restock supplies as needed.
5. Clean operatory between patients.
6. Use materials and supplies so that unnecessary waste is avoided.

IV-5 COMPETENCY: Maintain Patient's Comfort

CONDITIONS: Working in clinical situations when providing patient care and with appropriate consultation when required.

CRITERIA:

1. Greet patient.
2. Escort patient to operatory.
3. Seat patient in chair.
4. Store patient's belongings.
5. Prepare patient for procedures to be performed.
6. Explain procedures to be performed.
7. Answer patient's questions.
8. Respond to patient's concerns.
9. Provide post-procedure instructions.
10. Dismiss patient at conclusion of appointment.

IV-6 COMPETENCY: Maintain Operating Field

CONDITIONS: Working in clinical situations, when providing patient care.

CRITERIA:

1. Illuminate operating field with dental light.
2. Retract soft tissue structures.
3. Evacuate oral cavity with high- and low-volume suction.
4. Dry operating field.
5. Irrigate operating field with triplex syringe.
6. Avoid obstructing view and accessibility to operating field.
7. Avoid inducing pain and/or trauma to hard and soft tissues.

IV-7 COMPETENCY: Maintain Dental Records

CONDITIONS: Working in clinical situations when providing patient care.

CRITERIA:

1. Chart and/or record examination data.
2. Chart and/or record services rendered.
3. Record pharmacologic therapy administered and/or prescribed.
4. Record pertinent information regarding patient.
5. Use accepted symbols, terminology and abbreviations.
6. Meet legal requirements for documentation.

IV-8 COMPETENCY: Position Patient and Self

CONDITIONS: Working in clinical situations when providing patient care

CRITERIA:

1. Pre-position chair for client reception.
2. Position patient in chair applying principles of body mechanics and support.
3. Position self as operator or assistant in chair applying principles of body mechanics and support.
4. Position patient for dismissal.
5. Respect patient's personal space requirements.

IV-9 COMPETENCY:	Process Dental Radiographs
CONDITIONS:	Given exposed dental radiographs, including a full-mouth series
CRITERIA:	1. Prepare darkroom. 2. Remove film from packets. 3. Develop radiographs free of artifacts manually. 4. Operate automatic processing unit, if available. 5. Replenish or change processing solutions when required. 6. Clean and maintain darkroom supplies and equipment. 7. Mount films in correct window in film mount. 8. Label radiographs.

IV-10 COMPETENCY: Sharpen Instruments

CONDITIONS: Working in clinical situations, prior to providing patient care and while providing patient care

- CRITERIA:
- 1. Identify cutting edges and contour.
 - 2. Prepare stone for sharpening.
 - 3. Stabilize instrument or stone.
 - 4. Apply instrument or stone at correct angle.
 - 5. Activate instrument or stone.
 - 6. Sharpen cutting edge(s).
 - 7. Test for sharpness.
 - 8. Maintain undersurface of instrument, when indicated.
 - 9. Maintain original design of blade.

IV-11 COMPETENCY: Transfer Armamentarium

CONDITIONS: Working in clinical situations, while providing patient care

CRITERIA:

1. Pass and retrieve armamentarium in transfer zone safely and efficiently.

Operator

1. Use appropriate signal to initiate instrument transfer.
2. Position instrument for transfer.
3. Receive new instrument.

Assistant

1. Select instrument for transfer as requested by operator.
2. Hold instrument to be delivered.
3. Retrieve discarded instrument from operator's hand.
4. Place new instrument in operator's hand.
5. Modify principles of instrument transfer when indicated.
6. Transfer dental instruments and supplies when indicated.

SECTION V: PRACTICE MANAGEMENT PROCEDURES

As a member of the dental team, the dental hygienist must be able to perform basic procedures which are routinely performed in the business office. The office procedures included are those which most directly affect the dental hygienist in the delivery of dental hygiene care.

V-1 COMPETENCY: Manage Recall System

CONDITIONS: Working in the business office of a dental clinic or practice setting.

CRITERIA:

1. Establish a recall system.
2. Record pertinent information regarding recall appointment.
3. Contact patients who require appointment.
4. Schedule recall appointment.
5. Modify recall system as required.

V-2 COMPETENCY: Handle Dental Correspondence

CONDITIONS: Given different types of routine correspondence used in a dental office.

CRITERIA:

1. Determine type of correspondence needed.
2. Prepare routine correspondence.
3. Use appropriate format and language.
4. Ensure information is complete, accurate and logically organized.
5. Use correct grammatical structure and spelling.

V-3 COMPETENCY: Schedule Appointments According to Treatment Plan

CONDITIONS: Working in the business office of a dental clinic or practice setting, scheduling dental hygiene appointments.

CRITERIA:

1. Sequence appointments according to treatment plan.
2. Integrate appointments with other team members.
3. Enter patient information in appointment book.
4. Confirm appointment time with patient.
5. Adjust schedule to accommodate changes.

SECTION VI: LABORATORY PROCEDURES

As a member of the dental team, it is necessary that the dental hygienist be able to perform basic procedures commonly done in a dental laboratory. The number of laboratory procedures has been limited to those related to the patient care and preventive procedures performed by the dental hygienist.

VI-1 COMPETENCY: Construct Custom Mouthguards

CONDITIONS: Given patients for whom a protective mouthguard has been prescribed.

CRITERIA:

1. Prepare type of mouthguard prescribed.
2. Obtain study cast of patient's dentition.
3. Fabricate mouthguard using vacuum technique.
4. Select mold size to approximate size of patient when using commercial mouthguards.
5. Trim mouthguard to fit trim line.
6. Polish mouthguard.
7. Instruct patient in care and use of mouthguard.

VI-2 COMPETENCY: Maintain Dental Laboratory

CONDITIONS: Working in a dental laboratory with equipment and supplies.

CRITERIA:

1. Operate basic equipment in laboratory.
2. Clean and maintain equipment according to manufacturer's directions.
3. Organize equipment and supplies according to daily routine.
4. Restock supplies as needed.
5. Clean laboratory after each use.
6. Use supplies and materials so that unnecessary waste is avoided.
7. Employ principles of infection control.

VI-3 COMPETENCY: Process Study Casts

CONDITIONS: In a dental laboratory, with maxillary and mandibular study model impressions.

CRITERIA:

1. Prepare impressions for pouring.
2. Mix gypsum product according to manufacturer's directions.
3. Pour stone into impressions minimizing voids.
4. Use vibrator when indicated.
5. Create base for impression.
6. Separate model from impression.
7. Prepare model for trimming.
8. Trim maxillary and mandibular models.
9. Label models.

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COUNCIL ON INFORMATION SERVICES

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Council Members: Dr. Paul O'Brien, Chairman, St. John's
Dr. William Hettenhausen, Thunder Bay
Dr. Gaston Lafrenière, Hull
Dr. Don Lauriente, Vancouver
Dr. Greg Ritson-Bennett, Innisfail

Executive Liaison: Dr. Les Allen, Winnipeg

Coordinator: Miss Linda Teteruck

1. Council Meetings

Council has met once since the last Board, on April 18, 1988. Mr. Mark Sarner was a guest at this meeting.

ITEMS REQUIRING BOARD ACTION

2. Dental Awareness Program

Proposal from Manifest Communications

Mr. Sarner reviewed with Council a proposal for the continuation of the DAP. He noted that since last October's meeting there had been a reframing of objectives. He stressed the need for better understanding of the intermediary relationships i.e. corporations, selected health organizations (federal and professional) and the media and for continuity of support from outside the profession. He pointed out that there is a high level of public interest.

Mr. Sarner presented two plans to Council for consideration. The basic plan outlined CDA funding at \$225,000 in 1989 - 1990, in order to maintain the momentum of the DAP.

-Option 2 called for the addition of a further \$50,000 to the annual budget to expand activities in the areas of member resources, dental health month and market research.

The Council spent considerable time discussing these proposed budgets. It was suggested that more attention should be given to the training of the dental office team to use materials more effectively and to the production of public service messages for the general public.

Mr. Sarner stated that it is expensive to advertise and that corporate sponsorship would be needed to undertake the production of high quality public service videos. As reach and frequency is also an important factor in their effectiveness, CDA must be willing to commit to such a project for at least three years.

He noted that budget costs shown were for creation of projects only.

Council agreed that a cost/benefit assessment was necessary as well, therefore emphasis on market research was required. Based on these discussions, the following motion is made:

APPENDIX I

RESOLVED:

88.118 THAT the 1989 - 1990 DAP budgets be set at \$250,000 (this includes \$25,000 to prevent erosion of the program since no increase has been made for the past 2 years),

and

THAT an additional \$50,000 be added for the development of quality public service television advertising (for a total of \$300,000 for each of 1989 and 1990).

NOTE: The Board of Governors approved \$235,000. for DAP for the years 1989-1990, as outlined in the 1989 budget approved as motion # 88.57.

3. CDA's Film Library

Council reviewed negative comments received from customers borrowing CDA films. The films are quite outdated and therefore, do not reflect current views on infection control procedures, proper toothbrushing techniques, and do not reflect the number of women in the profession today. The distribution firm handling the lending of the films has also commented that the copies in their possession are quite worn from extensive use.

As film making is a very costly venture, Council has directed staff to investigate the possibility of co-operating with Health and Welfare Canada in order to make up to date information available to the public either through films or videos. Consideration is being given to a video for the First Teeth program in addition, which will be funded by Colgate monies.

RESOLVED:

88.119 THAT the CDA films currently in circulation to community groups be withdrawn because they are out of date and that staff investigate means of producing material that is appropriate.

ADOPTED

4. Pamphlet Program/Patient Education System

Mr. Sarner reported to the Council that the development of the new patient education materials is progressing but due to the late approval of this program, the original launch date of January 1989 will be delayed.

Council noted that the proposal for the Patient Education System had been approved by the Board of Governors at the March 1988 meeting. Mr. Sarner reported that corporate sponsors would be sought for the brochures as outlined in the proposal. Once corporate sponsorship has been obtained, work on the brochures will proceed.

However, some discussion centred around the subject of the fact sheets. Sales of the fact sheets are low and it was noted that the information system produced by Proctor and Gamble (Crest) means tough competition for the fact sheets series. The fact sheets were to have been CDA sponsored and owned. Mr. Sarner suggested that the fact sheets detailed in the original proposal could be changed to booklets to fit into the Proctor and Gamble wall unit. Due to the production costs of booklets versus fact sheets, corporate sponsorship would have to be obtained to fund the booklet format. As this deviates from the original proposal, Dr. Allen will review this matter with Executive Council in June.

In addition, brochures will be developed to be funded by corporate sponsorship. This is consistent with the original proposal approved by the Board in March 1988.

RESOLVED:

- 88.120 THAT Manifest explore the possibility of corporate sponsorship for the pamphlet program based on the principle that the program will be revenue generating.

ADOPTED

RESOLVED:

- 88.121 THAT the CDA pamphlet on Choosing a Career? - Dentistry be updated to attract the best quality of applicants to the profession, and

THAT the costs be borne by CDA's pamphlet program budget, based on utilization of available personnel resources, and

THAT the Committee re-submit a request for funds for producing such a pamphlet once the pamphlet has been re-written.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

5. Dental Health Month 1988 and 1989

Council members were enthusiastic about the success of this year's "What Keeps Bob Smiling" campaign. Plans are being made to further develop this particular theme for the 1989 campaign.

Revenues accrued as a result of materials sold in 1988 total \$67,566.93 (as of March 31, 1988) as compared to \$42,683.85 during the same time period in 1987.

It was noted that many new items (bumper stickers, balloons, wallet cards, table talkers) included in the DHM inventory this year were well received. Balloons, in particular the large display balloons were popular items while bumper stickers appeared to be the least popular.

For the first time, dental health month materials will be made available all year round through the "Don't Keep Your Patients in the Dark" catalogue. It is hoped that this initiative will increase revenues even further.

Media relations activities for dental health month include a photo opportunity with the Minister of Health and Welfare, the Honourable Jake Epp, Mr. Neilson and "Bob". The resulting photo was distributed to national press along with news releases in a press kit. A DHM briefing book was prepared and distributed to provincial co-ordinators so that they would be ready for interviews. Radio spots were also distributed. It was noted that DHM radio spots were available in French for the first time.

Council reviewed a request by Dr. Ted Zukiwsky, Chairman of the Alberta Dental Health Promotion Committee, to purchase or borrow the CDA artwork in order to produce these locally. Dr. Ritson-Bennett explained that provincial funding in Alberta provides for distribution of DHM materials, and therefore they do not wish to pay the additional mailing costs incorporated in CDA's pricing schedule.

It was further decided that plans for DHM 1989 would begin immediately to ensure that all materials would be available for distribution and sale to the membership by late 1989.

Council decided that materials can be imprinted with provincial logos as well as CDA's logo if this is requested before printing is done, and that bulk prices could be made available to provincial dental associations depending on quantities ordered. This will be initiated for the 1989 campaign.

Council also reviewed a request by Dr. D. Lauriente of the College of Dental Surgeons of B.C. to use "Bob" in a proposed display unit.

Council asked Dr. Allen to bring to the attention of Executive Council, that while efforts such as this were commendable and should be encouraged, there is a need to set a protocol with regard to the CDA identity. Artwork and logos are the sole property of CDA and cannot be compromised or altered.

Suggestions were made that CDA could perhaps provide the base artwork for requests such as this or create PMT's for Bob and thus retain his original identity.

Some discussion centred around the merits of continuing the national poster contest. It was noted that the best response to this type of program seems to be on a local level and there is some resistance on a provincial level because it is time consuming and yields few results. Staff will obtain comments from the provincial bodies in regard to the poster contest.

6. NHRDP Grant Proposal

The Council reviewed a copy of the proposal for a longitudinal study on the impact of the communications strategy for CDA'S dental awareness program.

The proposal has been vetted by Health and Welfare Committee and has been returned to the CDA for revision. Mr. Sarnier has been requested to revise the proposal and resubmit it to the Committee by the July 31, 1988 deadline. Health and Welfare has advised CDA that it is not unusual for proposals to have three vettings before the grants are approved.

The invitation to rework and resubmit the proposal is encouraging and Council is optimistic about the outcome of these efforts.

7. Targetted Programming

a) First Teeth

This program has met with astonishing response from the profession. Approximately 12 to 13,000 orders have been received to date for the materials. This has resulted in Colgate's original commitment being spent.

In addition, certain problems had not been anticipated, such as requests for bulk orders and orders from non-members (i.e. health units, educational institutions, other associations).

Agreement has been reached with Colgate-Palmolive that after fulfillment of the original orders, these kits will no longer be free of charge. For the remainder of 1988, these kits will be sold at a price

set by CDA. Colgate Junior samples will no longer be included in future orders. A message informing the profession of this will include a letter and a simple order form. An ad campaign is planned for the September issue of the Journal.

Discussions are ongoing as to how to promote this product. Colgate has agreed to devote \$500,000 to the marketing of the First Teeth kit. Suggestions have been made for a magazine ad campaign, in-store promotions, MacDonald's promotions, or a film/video production.

b) Corporate Ad Series

Mr. Sarnier displayed mock-ups of magazine advertisements entitled "Word of Mouth". The series of advertisements will feature dental advice and will include a message from a corporate sponsor. At the present time, corporate sponsors are being sought for this program.

8. Leverage

Over \$2,000,000 has been received from corporate sponsors since January 1987. Commitments of \$500,000 from Colgate for the First Teeth Program and \$350,000 for the 1988 supplement (formerly the dental health month Chatelaine checkup) have been received for 1988 also. It is hoped as well that the corporate ad series will generate between approximately \$300,000 and \$400,000.

It was noted that a dental health supplement will appear in the September 1988 issue of Canadian Living and Coup de Pouce.

Respectfully submitted,

Dr. Paul O'Brien, Chairman
Council on Information Services

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Information Services with appreciation.

Dental Awareness Program

1989-90

Proposed Plan for Phase Three

prepared for:

Council on Information Services
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario

by:

Manifest Communications Inc.

18 April 1988.

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Executive Summary

This paper presents a proposal(s) to enable the CDA to sustain an effective and cost-efficient *Dental Awareness Program* through 1990

Two Objectives:

- *Outcome* - more effective communication through: community channels; media channels; and professional channels
- *Impact* - change in dental health awareness, attitudes and reported behaviours of adult Canadians

Two Criteria:

- Executable within controllable CDA resources
- Appropriate to a professional association

The Dental Awareness Program Today

DAP is on track:

Outcome:

- Members are purchasing and utilizing more professional and patient information resources
- Targeted public programming has increased significantly through sponsorship
- Continued growth in media pick-up (articles and PSA's)

Impact:

- Results of *Consumer's Guide* and *Checkup* research show strong awareness of DAP paid advertising efforts; attitudes and behaviour will be monitored via Gallup '88

DAP has had a demonstrable influence on several key audiences:

Health & Welfare Canada:

- lauds CDA for leadership and innovation in health promotion; and wants to work with the association an application for an NHRDP grant is pending

- the CDA has been invited to submit a proposal for the nationalization of the *What a Difference a Little Care Makes* program in conjunction with the Secretary of State for Seniors

Media:

- through our media relations efforts, coverage for the dental issue has continued to grow - clippings received during a 5 month period (Jan '87 through May '87) totaled 1,869. This can be compared with figures of 2,460 clippings received between June '85 and June '86. Overall coverage of the dental issue is up over 1000% since 1984.
- through paid advertising, we have successfully used the media with such programs as the Consumers Guide campaign, the Checkup and First Teeth

CDA members:

- The last two years have seen an increasing array of materials and programs made available to the profession through aggressive new marketing channels - sales of DAP and DHM materials have risen dramatically; striking examples are the profession's overwhelming positive reaction to *First Teeth* and to *Bob*.
- The success of the *Patient Communication Seminars* in Manitoba shows that there exists a great interest in continuing education.

Provincial Associations:

- greater synergy of the organized dentistry network; actively supportive; adopting DAP theme; accessing resources; inspired to act - testimony are the \$900,000 paid advertising campaign for the *Consumer's Guide* done in conjunction with the provinces and the success of the new DHM program

Corporations:

- secured sponsorship has topped \$2.1million since January 1, 1987. With the CDA's 5% production markup (new in 1988) on sponsored projects, this already represents a gross to-date approaching \$20,000.

Public:

- Research done following the '87 *Checkup* and the *Consumer's Guide* campaign shows that the public is aware of the DAP's paid advertising efforts

- As of this writing, a comprehensive research proposal has been submitted to Health & Welfare Canada to monitor the Program including its effectiveness in changing public attitudes and behaviours. The '85 Gallup Poll will be rerun in '88.

CDA's Message: *Dental Health "Good For Life"*

The theme provides a conceptual framework for reorienting the public to dental health and dentists:

- *Dental Health*: an on-going, personally productive form of preventive health practice. Aided by the development of the **5 Point Prevention Plan**, the association has revitalized the conventional brush, floss and dental visits prescription and broadened the prevention focus to include other vital issues such as smoking and gum disease. The **Plan** will help to convey active, educational messages from the profession to the public.
- *Dentist*: a trained health specialist with an essential role to play in a personal dental health program.

Target Audiences

- *Primary*: CDA member dentists (& staff), the general public - predominantly adults (18+)
- *Intermediary*: Corporations, selected health organizations - federal and professional, media

Strategy

Sustain and expand the "Good For Life" program targeting predominantly adults and CDA members through:

1. An expanded and intensified public education campaign: highly visible information programming; project, issue or event-specific media/public relations; and expanded public service advertising with the support of corporate funding;
2. More direct involvement of the profession in patient education and motivation programming: increased targeting of the profession to educate and motivate on the importance of preventive dental health care;

3. Increased CDA leadership in the dental health promotion efforts of relevant societal sectors: to build on the trend of better working relationships with provincial associations, sustained involvement of corporate sponsors, joint initiatives with selected federal and professional groups;
4. Market Research: an application is pending to the NHRDP for a comprehensive three year review of the DAP Program. The '85 Gallup Poll will be rerun to identify changing attitudes and behaviours of the public.

Budgets

Three *Plans* have been presented for the *Council On Information Services'* consideration. The net budgets to the CDA of each are \$225,000, \$275,000 and \$325,000, respectively. The utilization of the extra funds is specified along with the benefits accruing to the *Program*.

The first two plans budget \$75,000 for *Dental Health Month.*; the third budgets \$100,000.

Introduction

At the request of CDA, Manifest has prepared the following plan for the *Dental Awareness Program* in 1989 and 1990, phase three of the program.

This paper has been prepared for consideration by CDA Council on Information Services April 18, 1988.

The 89-90 *Plan* is designed to build on the foundations laid in the first two phases of the CDA's on-going dental awareness program. Equally important, it allows the DAP to work within a sound financial framework.

The proposed plan enables CDA to:

- consolidate and further expand the public awareness campaign to communicate the importance of dental health and the central role of the dentist in preserving and protecting it;
- continue to build on the effective working relationships with provincial dental associations in awareness-type programming;
- further increase the access for CDA members (and staff) to information, resources and programs that can help them expand and improve the delivery of dental health services;
- continue to leverage CDA funds by 4:1 on an annual basis.

Refinement

The plan calls for a degree of refinement within the existing *Program*:

Public Service Advertising will continue to take on a more dynamic role in the public campaign as a means of expanding the visibility of the CDA's message. Building on the foundation laid during Phase Two, additional corporate sponsors will be sought to finance the buying of media space for CDA created ads. As of this writing, a corporate sponsored ad series is in the preliminary stages of development - if a sponsor is found, it will be run during Phase Three.

Plans for both the Public Education and the Member Resources components call for higher levels of activity. New professional resources and programs, and patient education materials will continue to be developed and marketed aggressively.

The Media/Public Relations provided by Manifest will confine itself to program, issue or event-specific work. The CDA Media/Public Relations effort will continue to expand.

Cost Consciousness

While the 89-90 Plan calls for a definite expansion in the level of DAP activity, it is designed to function within tight financial parameters. The Basic Plan presented calls for the preservation of CDA funding at \$225,000 in 89-90. In addition, two options have also been presented.

The two options presented enable CDA to measure the value of maintaining the *Program* at its original dollar level - and of increasing resources and maintaining its original purchasing power by adjusting upward for inflation. In the first two plans, Dental Health Month has been retained at its traditional \$75,000 level; in the third, it has been increased to \$100,000.

Whatever the funding decision, leverage will continue to finance the bulk of DAP activity in the coming years. It is projected that leverage will continue at 4:1 - to generate approximately \$1,000,000 per year in funding to compliment CDA's budget.

The on-going success of the program depends on sustaining a number of carefully orchestrated communication and marketing activities. Each one is an essential component of the overall strategy. Results in the first two phases have placed CDA in a position to continue the program's effectiveness over the next two years, and to measure the effectiveness in terms of growing public awareness and in terms of ability of CDA members to better promote the fiscal health of their practices.

Program Objectives

The *Program* is committed to two long-term objectives:

- *Outcome* - more effective communication through: community channels; media channels; and professional channels
- *Impact* - change in dental health awareness, attitudes and reported behaviours of adult Canadians

Program Criteria

Executable within CDA-controllable resources

The core of the CDA strategy must depend on resources that the CDA either controls or can directly bring into play. Specifically, the *Program* should not hinge on the commitment and involvement of provincial dental associations; nor should it depend on special levies on members.

Appropriate to a professional association

Much as the CDA wants to promote increased consumption of dentists' services, it cannot adopt the pure marketing orientation of a commercial enterprise. The CDA strategy must not compromise the dignity and professional image of itself or its membership.

The Dental Awareness Program Today

At this writing, three years after its public launch, the *Dental Awareness Program* is a CDA success story.

During Phase One of the *Program*, the CDA was able to implement and sustain an innovative program that achieved the objectives set for it. Visibility of the dental health issue and of CDA's commitment to it increased dramatically. CDA members had increased access to information and resources to help provide them improve their patient communication efforts. Phase Two of the program saw a tremendously increased focus on resource development.

Media

- coverage for the dental issue has continued to grow - clippings received during a 5 month period (Jan '87 through May '87) totaled 1,869. This can be compared with figures of 2,460 clippings received between June '85 and June '86. Overall coverage of the dental issue is up over 1000% since 1984
- public service advertising became more aggressive. In response to the overwhelming pick-up of *Bob's Teeth* (radio spot), two new spots were created during '88; and the existing print fillers were adapted and sent to magazines nationwide.
- a \$900,000 paid advertising campaign profiling dental care was run coincidental to the launch of the *Consumer's Guide* - as measured and analyzed by Environics Research Group, public awareness of the campaign in Ontario was very good
- the first corporately sponsored CDA advertising was launched in *Canadian Living*, *Coup de Pouce* and *Time* magazine. Plans are being developed to expand this effort with the introduction of a full series of print ads intended for corporate sponsorship.
- the *Checkup* enjoyed continued success - results from the Chatelaine poll done after the '87 *Checkup* show that 3 out of 4 readers recalled seeing the insert and 87% read some or more of it
- advertising for *First Teeth* was run in Chatelaine with a notable effect - many requests for the program materials were received by the CDA and Colgate-Palmolive from the general public and private dentists increasing demand for the program

Dental Health Month

This year, with the introduction of **Bob** and the **5 Point Prevention Plan**, enthusiasm for *Dental Health Month* is greater than ever. The remarkable and galvanizing success of this year's theme is evident among the profession and the organized dentistry network. The insertion of the order form into the January Journal - the first of its kind - have resulted in a spectacular increase in awareness and participation. Sales of materials to March 1, 1988 topped \$65,000 - already 53% greater than the total DHM sales in '87. It is an opportunity for **Bob** to be the star of DHM for years to come.

Member Resources

The last two years have seen an increasing array of materials and programs made available to the profession:

- More aggressive and strategic promotion was run with the use of the DHM Order Form and the development of the CDA's first catalogue, *Don't Leave Your Patients in the Dark*
- *First Teeth* became the most successful single program of all time within the profession. During the first two months of availability 10,200 - 73% of all dentists in Canada - ordered materials
- *What a Difference a Little Care Makes* - the seniors program - was made available for the first time this spring broadening the spectrum of target DAP target groups
- The *Patient Communication Seminar* was introduced and run for the first time in September in Manitoba, and the *Patient Communication Planner* was made available to the profession through the catalogue

Corporate Sponsorship

- Sponsorship remains the mainstay of the DAP financing. \$2.1 million have been secured since January 1987. With the CDA's 5% production markup (new in 1988) on sponsored projects, this already represents a gross to-date approaching \$20,000.

Market Research

- as of this writing, a comprehensive research proposal has been submitted to Health & Welfare Canada to monitor the Program including its effectiveness in changing public attitudes and behaviours. The '85 Gallup Poll will be rerun in '88 .

CDA's Message for Canadians



The "Good For Life" theme is the cornerstone of the DAP message strategy. It will continue to identify and unify all Program materials and activities as part of the on-going effort to reposition both dental health and dentistry.

"Good For Life" provides a consistent and mutually reinforcing orientation for any and all messages. Through it, the public can readily understand and appreciate dental health, and see dentists as providers of a vital and productive service.

Positioning Dental Health

"Good For Life" provides the context for the continuing effort to reposition dental health in the public mind as;

- **A contemporary health issue** - one directly associated with the growing societal trend toward preventive health care.
- **An achievable goal** - appropriate personal action means the effective prevention, control, and/or cure of dental health problems.
- **An active pursuit** - the simple combination of brushing, flossing, nutrition, and regular consultations with a dentist.
- **A life-long pursuit** - broadening the definition of dental health to include both our younger and our senior patients.

Equally important, it works to establish an ideal context within which to position and promote dentists and their services.

Positioning the Dentist

In Phase Three the dentists will continue to receive increasing attention, positioned as: a preventive health specialist, the sole provider of an essential service in a personal dental health program.

Positioning the dentist as a preventive health practitioner creates the opportunity to correct current attitudes toward dentists and the services they provide:

- **The image of the dentist will be enhanced:** The stature of the dentist is elevated considerably. He becomes less a technician, more a knowledgeable professional.
- **The importance of seeing a dentist will be clarified:** As people become more aware of the pivotal role the dentist plays in personal dental health - a role they do not appear to be aware of now - the fact that such a service is available becomes more compelling.
- **The nature of the dental service will be transformed:** The emphasis on prevention focuses attention on counseling and diagnostic functions, de-emphasizing the drill and its negative associations.
- **The benefits of regular consultation will be expanded:** The benefits of consulting the dentist can be shifted from simply the treatment of decay to the successful prevention of, or arresting of, numerous oral health problems. Positive reinforcement for visiting the dentist can be used to benefit both the oral health of the patient and the economic health of the dentist.

This positioning of the dentist will help promote an improved understanding and appreciation of the profession. However, it will place increasing emphasis on the dental team's commitment to living up to this image and so fulfilling rising public expectations.

Target Audiences

Primary Target Audiences

CDA Member Dentists

CDA dentists remain a primary target group, to be addressed both as a direct audience and as intermediaries in the public promotion of better dental health practices.

As a direct audience, it is essential that members understand the potential benefits of the CDA effort to promote dental health and that they understand their role in this effort.

As intermediary, the dentist must be aware of the nature of his role in the program. This role involves becoming more proactive in all communication efforts with present and potential patients.

Priority Public Target: Adult Canadians

The primary public target group is adult Canadians (18+). At this writing, we do not have the results from a proposed follow-up to the '85 Gallup Poll. Based on review of the Gallup Poll and other available research the most receptive adult segment would appear to be those 25-50, of middle and upper income, with good education, a history of regular dental care and some form of dental benefit coverage.

This population segment demonstrates significant ignorance of their vulnerability to dental disease, of effective means of preventing it and of the continuing importance of regular dental visits.

This sizeable population segment can best be reached through a combination of public awareness programming and direct communication efforts by dentists.

Secondary Public Target: Parents with children and Seniors

The *Program* has expanded its scope to include parents with children and seniors. True to the campaign theme - *Good For Life* - two new programs were developed and will continue into the third phase - *First Teeth* (for parents with children) and *What a Difference a Little Care Makes* (for seniors). These programs will help to reinforce that good dental health, and dental habits, are an achievable lifelong goal.

Intermediary Target Audiences

Dental Health-Related Corporations, Organizations, Industries

This sector has continued to demonstrate an increasing willingness to support DAP activity. It will remain a priority of the Program for the purpose of generating continued sponsorship for activities and projects.

Directly Relevant Professional, Public Service, and Government Organizations

In Phase Three the focus will be narrowed to two or three high-priority organizations who have demonstrated a willingness to support DAP initiatives - Health & Welfare Canada, CFDE, CDHA, CDAA and public health departments.

The Media

The media represent the most extensive (and among the least expensive) systems of message delivery to the Canadian public. Refinement of the media and public service advertising strategies will continue to build profile of dental health in all media.

DAP Strategy: 1989-90

The proposed DAP Strategy is:

To sustain and expand the national public awareness and information program for the delivery of "Dental Health : Good For Life" theme and messages targeted primarily to adult Canadians and specific priority segments within the adult population so as to:

1. Consolidate and intensify the public education campaign:

- continue the use of magazine supplements as a means of getting information to the public;
- concentrate the media and public relations efforts on promoting new program launches, issue and event-specific work;
- utilize sponsorship dollars to aggressively support and expand the public service advertising campaign to increase the reach and frequency of the DAP message;
- facilitate the growing synergy of national, provincial and community activity during Dental Health Month and always - to maximize promotional impact on awareness.

2. Involve the profession more directly in the implementation of patient education and motivation programming:

- continue to increase the flow of information, materials and programs on how and why to execute office programming and how it is working for others;
- provide access to an integrated office information system for patients;
- sustain working relationships with provincial associations to promote and assist in the development of provincial awareness programming;
- aggressively promote existing programs and continue to develop new programs for the dental team as part of continuing education and professional development.

3. Expand CDA's national leadership role in dental health promotion by promoting increased integration under the DAP banner of relevant societal sectors:

- sustain the solicitation of corporate support for DAP programming;
- concentrate joint initiative efforts on a select group of public and professional groups including Health & Welfare Canada, CDHA, CDAA and the CFDE.

4. Gather and maintain national market research on both the public and CDA's members:

- the 1985 Gallup Poll will be rerun to determine whether public attitudes towards dentistry and dental health have changed;
- if forthcoming, a Health & Welfare grant will allow for the comprehensive monitoring, analysis and review of the *Program* over the next three years.

The 89-90 Program

The strategy generates a restructuring of DAP activity along three distinct programming lines:

Public Awareness and Information Campaign

- Public Education
- Media/Public Relations
- Public Service Advertising
- Dental Health Month

Professional Programming

- Member Resources
- Provincial Association Liaison

Support Services

- Market Research
- Corporate Sponsorship
- Joint Initiatives

The following pages outline each of the nine components and their role within the program as a whole. Each component requires on-going program of marketing and/or communication projects and activities, the most important of which are identified and briefly described.

The list of projects and activities is by no means definitive. The nature and content of these activities may well change in the context of further strategy refinement and budgeting.

Educational Resources

The Educational Resources component will continue to be the home of the Program's campaign management and administration.

It will also be the component devoted to the creation of information products for both broad and narrow public target groups. All projects are to be funded entirely, or in-part, through sponsorship and/or joint initiatives. Resources planned for 89-90 include:

1) Patient Information System

A consumer pamphlet and fact sheet series will be developed for distribution through the dental office. The series will become a central tool for patient education. It will be promoted through member resource catalogues and advertisement in the CDA Journal.

The series is part of the overhaul of CDA's current publication program.

2) Consumer's Guide Program

The launch of this program was a big success in Phase Two. Fueled by a \$900,000 paid advertising campaign, it worked to increase awareness, understanding and utilization of the dental profession and dental services.

During Phase Three, an attempt will be made to secure corporate sponsorship commitment and funding to distribute the booklet directly to employees in the workplace.

3) The First Teeth Program

During Phase Two, *First Teeth* became the CDA's first integrated program targeted at parents with children up to the age of nine - demonstrating the association's commitment to children's dental health. The receptivity of the profession to the program has been overwhelming to date with advance orders doubling the most generous of projections. \$1 million has been secured from Colgate-Palmolive to sustain and expand First Teeth during Phase Three.

4) What a Difference a Little Care Makes

The launch of this CDA program for seniors was a resounding success. During the next phase of the Program, an effort will be made to intensify and expand the marketing of this program to include a wider target of health professionals working with seniors.

Advertising

1) National Magazine Supplements

A minimum of one supplement/year will continue to appear in a national publication such as Canadian Living or Chatelaine. It will continue to be made available to dental offices and provincial associations (etc.) as a patient education resource.

Media and Public Relations

The Media/Public Relations program will sustain high levels of exposure in both public and specialized media for dental health issues, ideas and developments relevant to the CDA's objectives.

As the CDA continues to build effective working relationships with key media, Manifest's involvement will become confined to providing Media/Public Relations support for project-specific efforts and special events.

Activities provided for specific projects and special events will include:

1) Media/Public Relations Services

The identification of opportunities, preparation of materials and liaison with media outlets.

2) Media/Speech Training

Training will be provided as required for association spokespeople.

3) Special Project Briefing Books

Briefing Books will be developed to allow spokespeople, CDA management, staff and executives to answer questions and address issues relevant to a specific project or special event.

4) Media Information Kit

Information on the overall CDA program will be complemented by event, project or issue-specific information and materials as required.

Public Service Advertising Campaign

Advertising has a distinct and important role to play in building awareness, providing information, and motivating attitudinal and behavioural changes. Phase Three will see the PSA's continue to move to a more dynamic position within the public education campaign.

The public service ad campaign in print and radio, created in 1986, greatly expanded its focus during Phase Two. As of this writing, magazine filler ads have been created and their effectiveness is being evaluated through a highly targeted and monitored launch, and two new radio spots were created for the **5 Point Prevention Plan**.

A **Keep Smiling** magazine ad was created and run coincidental to *Dental Health Month* with the help of a corporately-sponsored media buy. During Phase Three, we will expand this effort as we find sponsors willing to support the buy; it generates a lot of campaign visibility at very low cost to CDA.

The campaign will certainly continue in print and in radio. Television will only be added if sponsors are willing to support it with an adequate level of media buying.

The Program will continue to make campaign materials available to provincial associations for use in their own awareness campaigns on public service or a paid basis.

Elements of the campaign for which DAP will be financially responsible are:

1) Campaign Strategy and Creative Development

Current materials will have to be augmented periodically with fresh creative. Both the radio and print components will require further development and production. Television spots will be created and evaluated, if financed.

2) Media and Corporate Liaison

Recruiting free public service and time will continue to require proactive personal and written promotion to key media: national magazines, major radio (and television) stations, primarily in Toronto and Montreal.

Working with sponsors will involve liaison with their agencies and media planning.

Dental Health Month

Dental Health Month will continue to be a multi-faceted event. It will consist of the aggressive development and marketing of new resources for the profession and the public; provincial and community support; special promotions; and media and public relations.

With the introduction of **Bob** and the **5 Point Prevention Plan**, enthusiasm for *Dental Health Month* has grown greater than ever. The remarkable and galvanizing success of this year's theme is evident among the profession and the organized dentistry network. The spectacular increase in awareness and participation is an opportunity for **Bob** to be the star of DHM for years to come.

This will enable the association to free up dollars spent on concept and theme development and put them into national promotions. Corporate sponsors and distribution channels will be identified and utilized to get a higher level of awareness for the dental issue and the importance of personal preventive care with the general public.

Member Resources

This component will remain devoted to helping CDA members and their staff improve patient communication. It works to help members change patients' direct experience of dentistry in order to generate improved patient relations, greater receptivity to the idea of regular visits, and good word of mouth - the key to new business.

During Phase Three, there will be a focus on creating a communicating environment in the office. New CDA programs and seminars will be created and marketed, along with existing ones, more aggressively to the profession - creating greater awareness and demand.

Activities in this area will include:

1) Information Resources

As of this writing, plans are being developed to create a new format for the DAP Report to be included in the CDA Journal.

The new Report will replace the Communique and the monthly DAP Update. Appearing bi-monthly, it will provide up-to date information on the Program and provide practical issue-specific reports.

Discussions are underway with the CDA Journal on ways and means to integrate this DAP programming into the Journal.

2) In-Office Patient Communication Resources:

DAP Recall Kit

During Phase Three of the *Program* the *Recall Kit*, currently in development, will be ready for marketing. In addition, it is proposed that a *Recall Seminar* be developed to help train the dental team in recall.

Patient Communication Seminar and Planner

Phase Three of the *Program* will build on the positive introduction of the communication seminars held in Manitoba in '87. Both the seminars and the accompanying communication planner - now available to the profession - will be marketed more aggressively. The initial success of these tools shows the desire of the profession for on-going professional education resources.

Promotion Materials

The new CDA catalogue *Don't Leave Your Patients In the Dark* was instrumental in increasing sales of DHM and DAP materials. It will be continued on an annual basis.

Provincial Association Liaison

There has been a growing synergy in the organized dentistry network - provincial associations are, as a group, showing an increasing interest in developing and/or expanding their province-specific activities. More often, they are working under the CDA's "Good For Life" theme. All are exhibiting a greater enthusiasm to co-ordinate with DAP and DHM, and in having access to DAP resources and expertise.

Elements of this component will include:

1) DAP National Planning Tour(s)

DAP National Planning Tours will continue to show-case DHM and facilitate provincial activity planning. These work sessions have proven effective on an annual basis.

2) DAP Consulting/Training Services

Provincial Associations can access DAP professional services support of provincial activities on a fee-for-service basis. Media training workshops and patient communication seminars will continue to be available - recall seminars will be introduced. Other consulting services can be made available through CDA for projects that complement DAP.

Market Research

Market research will be expanded over the next two years in support of project planning and of *Program* monitoring.

A comprehensive proposal for the evaluation of the Dental Awareness Program has been submitted to Health & Welfare in application for an NHRDP grant. The proposal calls for an in-depth three year review and impact analysis of the *Program* including:

- *Dental Office Communication Study* - examining the dental office as a system for distribution of oral health information;
- *Media Channels Content Study* - to assess the success of the DAP in increasing the media coverage of preventive oral themes for adults;
- *Community Outcomes Study* - the Seniors program will be used as a case study for the evaluation of a community oral health program providing an opportunity to identify factors that make community based oral health promotion successful.

The National Gallup Poll will run bi-annually.

Corporate Sponsorship

The Corporate Sponsorship remains the context within which the DAP liaises with potential corporate sponsors and develops projects for sponsorship. This activity remains of central importance to the program.

1) Sponsors Relations Program

The on-going effort to identify and establish corporate sponsors.

2) Sponsorship Project Bank

This will continue to be geared towards selling corporations specific opportunities to be come part of the CDA's marketing program. These opportunities must be presented to corporations in a form they will buy. An inventory of business presentations for priority CDA projects will be developed. When a project is sold, the money invested in the presentation can be recovered. The money is then cycled into the development of another sponsorship proposal.

Joint Initiatives

Through the Joint Initiatives component the CDA will continue to work to make dental health a more important part of the established programming of a select number of organizations working in related fields, primarily at the national level: Health & Welfare Canada, CFDE, CDHA, CDAA and Public Health organizations.

In each case, working relationships will be expanded and/or developed around programs directly relevant to CDA's program objectives and needs.

1) Joint Initiative Liaison

Consultation with key officials to identify project opportunities and the lobbying of these organizations to manage projects to fruition.

2) Project Proposal Presentations

Similar to corporate sponsorship, presentations and/or proposals will have to be prepared to solicit involvement.

Budget Framework

At Council's request, three DAP budget options have been prepared for 1989-90. The basic budget reflects the minimum funding required to ensure DAP is able to build effectively on the foundation laid to date. Two further options are presented along with the benefits of each one. All three allot resources according to the directions and priorities set by the preceding strategy and activity plans.

Leverage:

All three DAP budget options are designed to exploit the leverage principle employed so effectively in the first two phases of the Program. The fact remains that CDA must exploit the leverage principle to allow it to sustain a national program without breaking the CDA bank.

In the simplest terms, the DAP budget strategy is to do more with less. The net effect of this strategy is to provide CDA with a program that maintains 4:1 leverage for every association dollar spent.

The figures for both CDA costs and other funding in this budget framework are estimates only.

Basic Plan
(Overall Budget Summary)

Component	1989		1990	
	Net CDA (\$) (000)	Other (\$) (000)	Net CDA (\$) (000)	Other (\$) (000)
Educational Resources	35	1,000	35	1,000
Media/Public Relations	30	NIL	30	NIL
Public Service Advertising	25	100	25	100
Dental Health Month	75	90	75	90
Member Resources	30	50	30	50
Prov. Assoc. Liaison	5	NIL	5	NIL
Market Research	20	45	20	45
Corporate Sponsorship	2.5	NIL	2.5	NIL
Joint initiatives	2.5	NIL	2.5	NIL
TOTALS	225.0	1,285.0	225.0	1,285.0

Option One

Impact

The addition of a further \$50,000 to the annual budget enables the *Program* to expand activities in five components:

Educational Resources (+\$15,000)

Additional patient education materials would be developed for in-office.

Public Service Advertising (+\$10,000)

These funds allow the *Program* to develop more full-colour print PSA's to be placed with the help of corporate sponsorship.

Member Resources (+\$10,000)

These funds allow the *Program* to take a more aggressive marketing approach for the association's materials.

Market Research (+\$15,000)

Funds allow the *Program* to expand research of CDA members' communication needs and to conduct limited qualitative research with the public.

Basic Plan
(Option One Summary)

Component	1989		1990	
	Net CDA (\$) (000)	Other (\$) (000)	Net CDA (\$) (000)	Other (\$) (000)
Educational Resources	50	1,000	50	1,000
Media/Public Relations	30	NIL	30	NIL
Public Service Advertising	35	120	35	120
Dental Health Month	75	90	75	90
Member Resources	40	60	40	60
Prov. Assoc. Liaison	5	NIL	5	NIL
Market Research	35	45	35	45
Corporate Sponsorship	2.5	NIL	2.5	NIL
Joint initiatives	2.5	NIL	2.5	NIL
TOTALS	275.0	1,315.0	275.0	1,315.0

Option Two

Impact

The addition of a further \$50,000 to the annual budget enables the Program to expand activities in three components:

Dental Health Month (+ \$25,000)

The allotment of additional funds to the *Dental Health Month* budget would allow for larger scale national promotions - creating increased exposure and awareness to the month's activities.

Member Resources (+\$15,000)

These funds allow the *Program* to produce additional professional resources for on-going education.

Market Research (+\$10,000)

Funds allow the *Program* to expand research to conduct expanded qualitative research with the public.

Basic Plan
(Option Two Summary)

Component	1989		1990	
	Net CDA (\$) (000)	Other (\$) (000)	Net CDA (\$) (000)	Other (\$) (000)
Educational Resources	50	1,000	50	1,000
Media/Public Relations	30	NIL	30	NIL
Public Service Advertising	35	120	35	120
Dental Health Month	100	130	100	130
Member Resources	55	70	55	70
Prov. Assoc. Liaison	5	NIL	5	NIL
Market Research	45	65	45	65
Corporate Sponsorship	2.5	NIL	2.5	NIL
Joint initiatives	2.5	NIL	2.5	NIL
TOTALS	325.0	1,385.0	325.0	1,385.0

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members of the CDSPI Board of Directors are:

Dr. G.F. Copithorne, British Columbia
Dr. J.M. Dillon, Manitoba
Dr. B.H. Dolansky, Ontario
Dr. G. Dubé, CDA
Dr. D. Montminy, Québec
Dr. R.L. Rasmussen, Alberta
Dr. R.R. Schiewe, Ontario
Dr. R.A. Turcotte, Atlantic Provinces
Dr. J.N. Wright, CDA

Members of the CDSPI Management Committee are:

Dr. J.E. Durran, President, Burlington
Dr. R.L. Moran, Treasurer, Toronto
Dr. M.D. Charendoff, Secretary, Toronto

Observers at the CDSPI Board are:

Dr. D.W. Allen, Prince Edward Island
Dr. G. Anthony, Newfoundland
Dr. C.R. Hill, Saskatchewan
Dr. G.S. Zwicker, Nova Scotia

CDA Coordinator: Mrs. Sandra Deziel

This report includes all items of business which require Board action and also all information which has become available since the 1987 Interim Meeting of the CDA Board of Governors.

The CDSPI Board Meeting was held in Toronto on April 15 and 16, 1988.

ITEMS REQUIRING BOARD ACTION

1. CDA RSP Security

Commencing in August, 1987, letters were sent to our solicitors and Imperial Life, asking them to comment on the security of the CDA RSP related to Imperial Life, fraud and bankruptcy. The intent of this action was to reassure that, in fact, the common stocks, bonds, and other

securities held on behalf of CDA RSP participants were secure and not subject to theft, conversion or any illegal activity. Further investigation by our auditors and a report from them has convinced the Council on Insurance and Investment that adequate audit evidence exists to allow the presentation of the following recommendation.

RESOLVED:

88.122 THAT annual audits of the CDA RSP securities held by Royal Trust for Imperial Life be conducted at this time.

ADOPTED

Our auditor's comments on this matter are attached as Appendix A.

APPENDIX A

2. Tendering of National/Provincial Benefit Plans

January 1, 1988 marked the end of the tenth year since the insurance plans which make up the benefits portion of CDIP had been put out for tender to the marketplace. As part of the continuing review and monitoring of these plans, the CDSPI Board agreed at its December 4, 1987 meeting that 1988 was an appropriate year to test the competitiveness of the rates, the level of service, and the attitude of insurers in the marketplace towards this particular program. Consequently, a Motion was passed at that meeting which allowed the consultants to begin preparations which would result in new specifications and the commencement of the tendering process subject to CDA approval.

The intent was to allow ample time for the development of new specifications and time for a full dialogue with all of our corporate members. A key element in the timing of this project was the successful completion of the renewal negotiations for the LTD coverage with Imperial Life for the years 1989.

This has not been possible. Imperial Life is demanding guarantees which takes them out of the role of an insurer and puts them in the role of claims administrator with a built-in profit margin and no risk. This position is unacceptable and from a financial point of view it is much better to test the market now, rather than procrastinate and guarantee Imperial's position.

The CDA Executive and Management has agreed to the need for an immediate retendering and it is hoped that the foregoing explanation will enable the board to ratify that decision. Attached as Appendix B is an outline of the process of tendering.

APPENDIX B

The specifications will not reflect any changes in the present program; however, there will be a "wish list" developed which will contain all of the possible changes that are desired, e.g. maternity benefits, lessened reduction of coverage at age 65, better Life rates for graduating female dentists, etc. The CDA Executive Council will review the specifications at their June 9 and 10, 1988 Meeting. The responses from the competing carriers will be presented at a joint meeting of the CDA Executive Council and the CDSPI Board in Edmonton for final consideration.

RESOLVED:

- 88.123 THAT there be an immediate retendering of all benefit plans currently underwritten by Imperial Life Assurance Company.

ADOPTED**3. 1989 General Insurance Renewal****APPENDIX C**

The report of F.W. Clancy and Son Limited is attached (Appendix C) for your information. The quote from the letter written on behalf of the Guardian Insurance Company is worthy of note e.g. that the Guardian is guaranteeing their facilities as the insurer for 1989 and 1990. Please note that other carriers have declined to re-enter the professional liability field.

The CDSPI Board received the report as presented by Mr. Clancy and Mr. Wills and accordingly has made the following recommendations.

RESOLVED:

- 88.124 THAT the general insurance package of CDIP, namely office contents, practice interruption, comprehensive general liability, malpractice and personal umbrella liability, be renewed with Guardian Insurance Company of Canada for the policy year January 1, 1989 December 31, 1989.

ADOPTED**Office Contents****RESOLVED:**

- 88.125 THAT the office contents premium remain at the present level for 1989.

ADOPTED

RESOLVED:

88.126 THAT the valuable papers and rental value coverage premiums be \$1.91 per \$1,000 of coverage for 1989 with all other extensions remaining unchanged.

ADOPTED

RESOLVED:

88.127 THAT a primary commercial blanket bond for a \$5,000 basic limit at no additional premium be added to the master agreement for 1989 with added limits beyond \$5,000 to a maximum of \$50,000 available at \$5.70 per \$1,000 of coverage.

ADOPTED

Practice Interruption

RESOLVED:

88.128 THAT the practice interruption for 1989 be \$1.91 per \$1,000 of coverage.

ADOPTED

Comprehensive General Liability

RESOLVED:

88.129 THAT the comprehensive general liability premiums and coverage levels for 1989 be as follows:

<u>COVERAGE LEVEL</u>	<u>GROSS PREMIUM</u>
\$1,000,000	\$99.00
\$2,000,000	\$139.00
\$3,000,000	\$175.00
\$4,000,000	\$200.00
\$5,000,000	\$225.00

ADOPTED

Malpractice

RESOLVED:

- 88.130 THAT the 1989 malpractice coverage of CDIP offer coverage limits of \$1,000,000, \$2,000,000, \$4,000,000 and \$5,000,000 for dentists.

ADOPTED

RESOLVED:

- 88.131 THAT the 1989 malpractice coverage of CDIP provide a dentist with the options of \$500, \$1,000 or \$2,000 as a deductible.

THAT the 1989 malpractice premiums for a dentist are as outlined on schedule A of the broker's report.

THAT in 1989 auxiliaries be offered only a \$1,000,000 coverage limit at a gross premium of \$25.00.

ADOPTED

Personal Umbrella Liability Program

RESOLVED:

- 88.132 THAT the PULP coverage for 1989 including coverage limits and policy wording remain unchanged; and a premium deposit of \$23,000 in advance be provided.

ADOPTED

The CLSPI Board expresses its satisfaction with the performance of both the broker and the carrier in the area of our General Insurance coverage.

4. CLA RSP Proposed Change in Fund Names

The current CLA RSP Funds are:

Common Stock Fund (Equity)
Balanced Fund
Money Market Fund
Fixed Income Fund
Guaranteed Fund

Most people have no problem with the Equity Fund, the Balanced Fund and the Money Market Funds when they try to define what each of those funds contains in actual investments. However, there is confusion when one wants to understand how a "Fixed" Fund can lose money as in the case of the Fixed Income Fund. It seems to be relatively easy to understand that a bond can lose value but not a "fixed" something. Therefore, the Council on Insurance and Investment recommends to the CIA Board of Governors:

RESOLVE:

88.133 THAT the Fixed Income Fund be renamed the bond and mortgage fund,

and further,

THAT the guaranteed fund be renamed as the GIC Fund.

ADOPTED

The above name changes will allow our participants to make more meaningful comparisons with chartered banks and trust companies who use the proposed terminology.

5. Eligibility of Individuals

As you are aware, the CIA has charged us with the responsibility of checking the eligibility of all CLIF applications from the provinces of Quebec and Ontario (because of the voluntary positions of dentists in these provinces).

On an annual basis, we therefore select 20% at random from the participation file and reconfirm their membership in CIA/CIA or CIA/CLSA.

Quebec

The eligibility checking for Quebec participants has expanded beyond this because of QESA not sponsoring Office Contents (Plan 6), practice Interruption (Plan 7), and Comprehensive General Liability (Plan 8). (A Quebec dentist must be a member of the CIA to participate in these three plans).

A further complication exists in checking Quebec dentists because we receive no membership list from that province. (The CIA and CLSA provide regular listings to perform other eligibility checking).

In our 20% check at the end of 1987 there were 78 participants having plans 6, 7 or 8 who are not members of the CLA. It would appear that at the time they obtained this coverage, they were either not a member of the CLA, but the QLSA sponsored the plans, or they were a member of the CDA only and have since dropped out.

The total premium in relation to these 78 files is \$22,373.44. An analysis indicates that some have been in the plan with their general insurance coverage as far back as 1979, and there is one as far back as 1978, but the majority are in the 1983-1984-1985.

Our regular 20% selection on Quebec dentists was checked to the CDA membership list. After doing this, 230 participants were not matched as CLA members.

As we have no QLSA membership listing to check these people to, and since a phone call verification as is done for individual applications is not practical, we have assumed these individuals are members of the QLSA and therefore meet eligibility requirements for their coverage.

Ontario

The 20% selection was checked to the CLA membership list, following up with any mis-matches to a checking of the CDA list. After this checking, 34 names ended up being members of neither the CLA nor the CDA.

The foregoing facts results in the following motions.

RESOLVED:

- 88.134** THAT those participants of CDIP plans 6, 7 and 8, who are not members of the CDA be informed immediately of their loss of coverage as of December 31, 1988 due to loss of eligibility because of withdrawn provincial sponsorship.

ADOPTED

(This above motion relates specifically to dentists in Province of Quebec).

RESOLVED:

- 88.135** THAT a letter be sent to individuals having loss of eligibility informing them of the effect on their coverage as outlined by legal counsel.

ADOPTED

(This above motion relates to eligibility situations in both Ontario and Quebec. A listing of those dentists affected from Quebec will also be sent to the CLISA asking them to verify membership status).

6. Office Overhead Termination

In late 1987, Imperial informed us that their interpretation of the Office Overhead policy was that there was no reimbursement after the 12-month Office Overhead benefit had been used up and that, when a participant returns to work after such a time period, it is necessary for the individual to reapply and submit medical evidence in the normal manner in order to obtain a further 12 months of coverage.

It should be noted that in this scenario, we are referring only to those individuals who have used up all of their Office Overhead benefits. An individual who returns to work within the 12 month period and has not used up all the benefits would resume paying premiums and the coverage would remain in effect.

It was our understanding that this was not the intention when the plan was designed. An opinion was asked of TFF&C as to how this type of coverage interpretation compared to what is happening on the street. We also asked TFF&C if we should be looking at changing the structure.

These responses indicated that an alteration to the plan to indicate the original intent was required. This would also bring the plan into line with "the street" and permit a vehicle for proper reinstatement by a previous claimant after they have returned to active employment for three months.

RESOLVED:

88.136 THAT if an Office Overhead claimant has received the maximum benefits, he/she may be reinstated to the Office Overhead Plan on a non-medical basis with reinstatement taking place three months to the date following return to active employment.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The Ontario Securities Commission has ruled that CDSPI will not be required to qualify for a limited market dealer registration. Therefore, our application has been withdrawn and, at this time, no further action is required.

This ruling means that we can continue to administer the CDA RSP in the same manner as in the past and that we are not deemed to be a mutual fund sales organization.

This ruling could open up the possibility of developing a non-registered fund for our dentist participants; an area we will be exploring later in the year.

2. The Management Committee of CDSPI and CDA President Ron Markey met with representatives of the RCDS - President Dr. Nikiforuk, Dr. W. Dunn, and Dr. Ted Fox. This meeting took place as result of the emphasis and efforts of your president. The meeting participants agreed that it was prudent and necessary to investigate the feasibility of a national approach to the field of professional liability coverage. Dr. Dunn and Dr. Durran have been charged with the task of developing terms of reference to guide the joint committee in its discussions and research.
3. The CDSPI Board has struck an Ad Hoc Committee with direction to study the Management Committee structure of CDSPI and mechanisms for the orderly replacement of CDSPI Management. The Committee is presently engaged in hiring an independent consultant to study and report on the various management options that are available to CDSPI.
4. The CDSPI Board has expressed its concern at the amount of money that has been expended by CDSPI as a result of the on-going debate between the QDSA and the CDA re the Basic Life surplus. The legal and actuarial expenses paid by CDSPI presently exceed \$100,000. This amount is certain to increase as a result of Dr. Chicoine's recent request to the Quebec equivalent of the superintendent of insurance. The CDSPI Board is firm in its conviction that the administration of surplus has been in the best interests of the participants.

5. Discussion on the 1987 CDIP Annual Report was deferred at the CDSPI Board Meeting due to the fact that it was received the evening prior to the meeting. It will be discussed at our June meeting.

Respectfully submitted,

John E. Durran, D.D.S., Chairman
Council on Insurance and Investment
President, CDSPI

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Insurance and Investment with appreciation.

Clarke
Henning
& Co.

Chartered Accountants

Appendix A

44 Victoria Street
Toronto, Ontario
Canada M5C 1Y3
Tel (416) 364-4421

Partners

December 23, 1987



G. M. Feldt, C.A.
M. M. Hahn, C.A.
L. S. Hammond, C.A.
W. J. Henning, B.Com., C.A.
D. G. Hickman, C.A.
R. E. Hill, C.A.
S. J. Holtom, B.Tech., C.A.
R. G. Hume, C.A.
D. R. Hunter, C.A.
A. C. Jennison, C.A.
G. R. MacGregor, C.A.
L. F. McKay, C.A.
R. M. Post, C.A.
V. M. Raja, C.A.
D. J. Reid, C.A.
C. J. Thompson, B.Com., C.A.
M. I. Zweig, C.A.

Mr. Kingsley D. Butler, C.A.,
Executive Vice-President,
Canadian Dental Service Plans Inc.,
2 Lansing Square, Suite 600,
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

**CANADIAN DENTAL ASSOCIATION - RETIREMENT SAVINGS PLAN
(CDA-RSP) SECURITIES AUDIT**

We have reviewed your letter of December 3, 1987 including letters from The Laurentian/Imperial Company, as well as our original letter of November 4, 1987. Our comments are as follows:

As previously reported in our letter of November 4, 1987, the CDA-RSP securities will not be separately registered at Royal Trust; but will be registered to the account of Imperial Life. However, we are now informed that within the Imperial Life account, Royal Trust will maintain a sub-ledger of the various accounts (customers) of Imperial Life and allocate the securities to each account on the basis of information provided by Imperial Life. Therefore, at any given date, the sum total of the securities allocated to each account would be the position of Imperial Life and thus can be reconciled.

Royal Trust now state that they will be in a position to provide us with a confirmation of the CDA-RSP portfolio at any given date. The confirmation received directly from Royal Trust will be compared with the evidence at Imperial Life regarding the existence and ownership of securities held on behalf of CDA-RSP. This would be satisfactory audit evidence for our purposes. In addition to the above, we will obtain an acceptable report from Imperial Life's auditors regarding the internal control methods and procedures in effect with respect to the CDA-RSP portfolio.

The above procedures will be carried out at CDA-RSP's year-end. If the Management Committee would like this confirmation to be obtained on a quarterly basis and reconciled to the records at Imperial Life, we would be glad to do so.

Member:
International
Affiliation of
Independent
Accounting Firms

TO: The Management Committee
FROM: The Executive Vice-President
DATE: January 7, 1988
RE: Process of Tendering

TENDERING - GOING TO MARKET - TESTING COMPETITIVENESS OF THE PLAN

All of the above terminology means the same thing.

Specifications means a detailed report outlining the specifics of plan design, financial requirements and a "wish list" of items one might wish to consider adding to a plan. This set of specifications is then presented to a selected list of underwriters (insurance companies who write that form of coverage). In 1977 this amounted to over 100 pages.

These underwriters take the specifications (which include a computer tape of the current make up of participants in the plan, amounts of coverage, ages, sex, etc.) and in a very short period of time attempt to become knowledgeable and expert in the particular plan they are examining. Their actuaries examine the data, do computer projections and decide either to reject the option to quote or provide a report outlining how they would handle this group if they were the insurer, based on the information they have been provided with.

Such is the tendering, going to market, testing the competitiveness scenario. Usually the specifications are designed by a consultant expert in this field. They design these specifications in consultation with their client, and the client has the final approval before the specifications are sent to the insurers for quotation. The consultant receives back from the insurers the written declination to quote or the actual quotation. They then analyze the quotation and provide a final report to their client. This report contains an analysis of the quotations received and a recommendation as to the best quotation, why it is the best quotation and why they would be the consultant's recommended choice of insurer.

The current insurer is always one of the insurers receiving the specifications. As they are knowledgeable about the plan, they have the inside track. The final selection is not only based on premiums, but on the insurer's ability to service claims, provide proper computer statistical information and their reputation in dealing with professional groups. This is all considered when the consultant makes the recommendation in the final report.

The client reviews the final report from the consultant, usually meets with the top three "contenders" and then makes a decision as to whether to stay with the current insurer or change.

The above is a simplified overview of how one deals with this subject.

PROGRAM REVIEW
AND
1989 RENEWAL NEGOTIATIONS

FINAL REPORT
FOR
CANADIAN DENTAL SERVICE PLANS INC.

PREPARED BY:

F. Wallace Clancy & Son Ltd.
March 25, 1988

F. WALLACE CLANCY & SON LIMITED

1989 RENEWAL NEGOTIATIONS

We are pleased to enclose our proposal for 1989. This report is the result of negotiations which began on January 12, 1988 and which continued, on a regular basis, until March 22, 1988. It should be noted that CDSPI is represented at all negotiation meetings as we feel their input is most valuable.

When submitting their final figures to our office the Guardian Insurance Company wrote:

"As you know we have been pleased to be an insurance carrier for the Canadian Dental Association since 1978. The relationship has been an excellent one. We are especially pleased that when there are important decisions to be made that we have an opportunity to discuss them with yourself and the representatives of the Canadian Dental Association. This form of communication is invaluable and makes us truly feel that we are a partner of the Canadian Dental Association as it serves the dental profession.

It is our hope that not only will the relationship continue through 1989 and 1990 but for many years beyond this. Long relationships are something which we pride ourselves in.

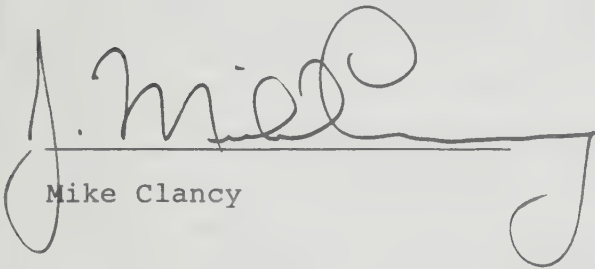
In closing, I would emphasize to you our commitment that we are prepared at this time to confirm that we offer our facilities to the Canadian Dental Association in 1989 and 1990. For the year 1990 we would prepare a rating proposal in early 1989. This commitment includes the \$5,000,000.00 capacity which we are proposing for malpractice in 1989."

Peter N.C. McLuskey
Manager
Special Accounts Branch

In December 1987 we once again approached a senior official of the Royal Insurance Company of Canada to see whether or not the Royal was considering re-entering the Professional Liability field - they pulled out of it entirely, several years

ago. The Royal once again declined the opportunity of quoting.

Our office has been servicing your account since January 1, 1984 and we hope that we may be fortunate enough to handle it for many years to come. At this time we would like to express our sincere appreciation for the opportunity of being allowed to negotiate on your behalf and submit this report for your consideration. We will be pleased to comment on any aspect of it, in more detail, at any time.



Mike Clancy



Chuck Wills

THE INSURANCE MARKETPLACE

In the past we have commented on the Marketplace and would like to do so once again.

The years 1986 and 1987 were very traumatic for those who wished to purchase insurance. Capacity was withdrawn on a worldwide basis and what little capacity remained was substantially increased in cost. Leading up to this upheaval we witnessed a series of Canadian insurers entering into bankruptcy. Some pooling arrangements such as Gestas collapsed. The captive insurance market which was established in Bermuda by major world corporations also collapsed. Companies such as Mobil Oil, Gulf Oil and Exxon decided that they could no longer continue to sustain heavy losses from general business which they wrote and retired from the marketplace.

The year 1987 saw a dramatic shake-out of insurance exchanges which had been set up in the United States to replace Lloyds' of London. The Insurance Exchange of the Americas, based in Miami, collapsed. Shortly after this happened the New York Insurance Exchange announced that many of its syndicates were experiencing serious difficulty. In November 1987 its members voted to cease doing business. The much talked about Canadian Insurance Exchange also died. It did not even open its doors despite its supporters supposedly having \$200,000,000.00 in capital commitments. It was also the year of the stock market collapse. Insurers did suffer a set-back due to this particular event. Fortunately, however, the effects of this crash appear to be of a short term, rather than a long term, nature.

Canada suffered three weather-related catastrophes in 1987. The Edmonton tornado is perhaps best known. Quebec, however,

suffered two storm catastrophes. On a global basis the industry was buffeted by the windstorms in the south of England, floods in Natal, the Munich hailstorm, bushfires in Australia and earthquakes in New Zealand and other parts of the world.

It should be noted that the windstorm in the south of England is expected to produce insured losses of \$1,800,000,000.00 with an additional \$500,000,000.00 being uninsured. The net loss to the Guardian alone, after reinsurance, will approach \$150,000,000.00.

Notwithstanding these dramatic events the second quarter in 1987 saw the insurance market loosen up on pricing. This continued in the third and fourth quarters. The various reasons for this return to a competitive cycle are numerous and include:

- a) The insurance industry was prevented in Ontario from instituting rate increases in automobile insurance which the industry felt was necessary. This meant that other sources of usually profitable business had to be written in order to try and offset some of the losses being sustained from writing automobiles.
- b) The rate correction in liability insurance was greater than necessary, on some accounts. Astute underwriters attempted to capture some of these accounts by offering more realistic prices. Non-astute underwriters felt that any price, lower than last year's, must be good.
- c) A booming stock market was generating investment income at a higher than anticipated rate, until October 1987.
- (d) A feeling that if you had survived the shake-out, now was a good time to write more business.

The realities are that the insurance industry is not out of its difficulties. Changes in tax legislation in Canada and the United States are expected to have a negative impact on

on earnings. Mr. Greenberg, President of the American International Group, has gone on record stating that the market may have to tighten up in the third/fourth quarters of 1988 purely due to the effect of the changes in tax legislation in the United States.

In Canada, it is the Guardian's expectation that 1989 will see a return to difficult market conditions. The problems which caused the 1986/87 market dislocation are still not resolved. In addition the professional liability market has been advised that it will have a minimum exposure of \$60,000,000.00 as a result of losses originating from the failure of Northland Bank and the Canadian Commercial Bank. General medical malpractice cases, which are known to be worth over \$3,000,000.00 per claim, will have to be paid as well.

Automobile insurance in Ontario will continue to deteriorate with rate increases held at 4.5% at present. It is also interesting to note that the Government Auto Plans in Manitoba and British Columbia are now experiencing very serious difficulties.

EVALUATION OF 1987 CONTRACT

We are quite satisfied that the Guardian Insurance Company of Canada complied fully with all the terms and conditions of the Master Contracts relating to each of the Plans which they underwrite.

According to the information given to our office the following premiums were paid by CDSPI, to the Guardian Insurance Company of Canada, between January 1, 1987 and December 31, 1987:

\$3,671,832.06
784,948.53
840,297.75
797,140.08

\$6,094,218.42

In addition to the above payments CDSPI made the following payments to F. Wallace Clancy & Son Limited (consulting fees) during the same period of time:

\$	91,000.00
	10,000.00
	10,000.00
	10,000.00

\$	121,000.00
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During the course of the year, we reviewed a very large number of leases for various participants who sent their leases to CDSPI for comments. The sole purpose of our lease

review is to determine whether or not the dentist is complying with the terms and conditions of the lease, from an insurance standpoint. It is not our job to determine the strengths or weaknesses of a particular lease. This should be done by the dentist's lawyer.

All our comments, pertaining to a lease, are given in writing to CDSPI who, in turn, passes along same to the participants.

During 1987 we continued to receive a substantial number of insurance contracts, which had been taken out by individual dentists through their own local Brokers, for examination and comparison. In nearly all cases we found that the scope of coverage being offered through CDSPI continued to be much broader in scope than the coverages being offered to individual dentists through local Brokers.

Putting premium differences aside we are now listing some of the additional coverages provided by CDIP and not normally offered by the competition:

- Automatic coverage for 30 days on newly acquired equipment up to \$25,000.00
- Deductible disappears if loss exceeds \$1,000.00
- Protection against flood and earthquake
- Coverage for back-up of sewers and drains
- Coverage for mysterious disappearance of property
- Coverage for fire department charges
- Automatic plate glass coverage
- Automatic coverage for interior and exterior office signs
- No co-insurance clause
- Depositor's forgery
- Automatic \$2,000.00 coverage on money, securities and precious metals

- Additional lease expense coverage
- Coverage for loss of earnings and increased expenses resulting from an order of civil authority for mass evacuation
- Coverage for loss of earnings resulting from damage to any property located away from the Insured's premises
- Liability protection for claims arising out of injury, sickness, disease, shock, mental suffering, mental injury and wrongful dismissal
- Non-owned automobile coverage
- All-risk tenants legal liability coverage up to \$500,000.00
- Voluntary property damage coverage up to \$2,000.00
- Liability limits up to \$3,000,000.00

During the past four years many changes have been made in connection with the coverage being offered through CDSPI. Later on in this report we will be outlining further improvements in connection with the 1989 program.

1988 CONTRACT

At this time in our report we would like to make some brief comments in connection with the 1988 contract.

Office Contents -

The Guardian agreed to maintain the same rates as had been used in 1987. The various extensions, under this section, also remained unchanged.

Practice interruption -

A new minimum \$50,000.00 limit was put into place. The gross rate was reduced from \$2.36 per \$1,000 of coverage to \$2.12.

Comprehensive General Liability -

The gross premium for \$1,000,000.00 coverage was increased from \$79.00 to \$91.00. The gross premium for \$2,000,000.00 and \$3,000,000.00 remained unchanged.

Malpractice Insurance -

The gross premiums were increased by about 12%. We were also successful in getting the Guardian to provide a \$3,000,000.00 limit.

P.U.L.P. -

We were successful in negotiating the same competitive rates as were in effect for 1987. We were also able to eliminate the restriction in connection with "marine-type" policies.

The Guardian also spoke to their Reinsurers and arranged to have the deposit premium requirement reduced to \$23,000.00.

The number of reported losses for the first two months of 1988 is higher than the same two months last year.

The number of binders issued by our office, in connection with additional coverage required as well as in connection with new participants, is running at the same level as in 1987.

CLAIMS SERVICE

Our office, along with the Guardian Insurance Company, continues to work closely with CDSPI in effort to make sure that all reported claims are receiving prompt and courteous attention. In the majority of cases we are satisfied that the claims service being provided, by the various independant adjusting firms being used, is of the highest caliber.

There are of course a small number of complaints. When CDSPI receives a complaint they immediately notify our office. We then contact Roger Potts, Claims Manager of the Guardian Insurance Company, regarding the problem. Roger will immediately pull the particular file in question and review same with our office over the phone. Most of the complaints stem from poor communication - sometimes the fault of the dentist and sometimes the fault of the adjuster. In all cases the independant adjuster is advised by Mr. Potts to immediately contact the dentist in order to resolve the issue and bring same to a speedy conclusion. The results of our discussion are immediately reported back to CDSPI (usually the same day) so that they, in turn, can contact the dentist who raised the complaint in the first place.

Several years ago, as you are aware, we implemented a Customer Satisfaction Index Form. The Guardian continues to send this out to each participant after a claim has been settled. The dentist is asked to complete the form and return it immediately to the Guardian in a postage-paid return envelope. As in the past, each and every returned form is reviewed by a senior adjuster and/or underwriter at the Guardian. When a reply indicates that the participant had a problem the Guardian immediately writes to the individual participant. Copies are sent to our office and

CDSPI for review.

The Customer Satisfaction Index Form helps us to identify any problems which might exist. These problems are also immediately brought to the attention of the adjusting firm which has handled the particular loss.

On March 18, 1988 the Guardian wrote us a letter, regarding the Customer Claims Satisfaction Survey, stating "In reviewing the responses received, we note that they indicate a very high percentage of satisfaction with the present claims service."

During 1987 the Guardian Insurance Company met with senior officials of the Underwriters Adjustment Bureau regarding their claims service. As a result of the discussions, the Underwriters Adjustment Bureau has made certain changes, with regard to procedures and personnel, in connection with your account.

We also experienced a small number of legitimate complaints from participants in the province of Quebec. These were discussed at length with Morden & Helwig. Since the return of Michel Girard to this firm, in June 1987, complaints have been virtually eliminated. Michel now oversees nearly all claims emanating from Quebec.

For your information the Guardian is continuing to use the following independant adjusting firms:

Morden & Helwig Limitée - Québec

Elander & Elander - British Columbia

Underwriters Adjustment Bureau - Remaining Provinces

PREMIUMS AND LOSS RATIOS - 1986 & 1987

Although the 1987 year-end figures (paid and outstanding losses) were only recently released it would certainly appear that the overall loss ratio, as compared to the 1986 year-end figures, has deteriorated in all areas.

At the same time our records indicate increased revenues and increased participation in all of the Plans being offered. The only exception is a reduction of participation, under the Comprehensive General Liability Plan, from 6,235 to 6,105.

On a separate sheet we have outlined a comparison between the 1986 and 1987 figures which we thought might be of some interest to you.

OFFICE CONTENTS

Most reported claims fall into the following categories:

- Water Damage
- Burglary
- Fire and Smoke

Water damage losses have had a severe impact on the Plan. While the number of reported losses represents approximately 28% of the total, the dollar value exceeds 50% of the total.

It should also be noted that Canada's ever-changing weather patterns have made a significant contribution to this result. The two major floods in the Province of Quebec last summer are responsible for the majority of losses in that Province. Other areas of Canada have also been hit hard by storms of unusual ferocity.

An aspect of water damage claims which are controllable are losses originating within the Dentist's office due to faulty plumbing or improper maintenance. Despite very excellent

loss prevention material produced by CDSPI these preventable losses continue to occur.

The Guardian will continue to provide CDSPI with additional loss prevention material regarding the water damage problem for inclusion in future bulletins. We must all do whatever is necessary to reverse this disturbing trend.

PRACTICE INTERRUPTION INSURANCE

Water Damage
Fire and Smoke

The water damage problem discussed under Office Contents has, naturally, had an impact on the losses incurred in this section.

The water damage losses account for close to 40% of the dollar value of losses under the Practice Interruption.

COMPREHENSIVE GENERAL LIABILITY

The most commonly reported claim is in connection with water damage to tenants below. Most of these property damage claims arise from water escape from dental equipment. Hopefully, through continued loss prevention, this problem can be reduced.

MALPRACTICE

This year (1987) was a year when the Plan faced the reality of perhaps having to pay a claim in excess of \$1,000,000.00. Information was received by the Guardian, on a 1981 claim, which substantially changed their evaluation of the claim in question. Expert evidence now values the claim as being worth in excess of \$1,500,000.00. This compares with a previous high pay-out in excess of \$200,000.00. A reserve of \$1,000,000.00 has now been posted.

Notwithstanding a 33% increase in premium the plan incurred a

loss ratio of 98% which is unprofitable.

Last year the Guardian was advised of a claim where over \$7,000,000.00 is being sought. The collection of information on the circumstances of this claim has gone well. The Guardian now have information which leads them to believe that the severity of the injuries may be attributed, at least in part, to the actions of third parties. Notwithstanding this positive statement the Guardian are of a view that the injuries sustained by the claimant may truly have a value in the millions of dollars.

INCREASE IN PREMIUM AND NUMBER OF PARTICIPANTS

As mentioned earlier there has been a substantial increase in premium, as well as the number of participants. We have also seen a steady increase in the number of existing participants who are now requesting additional and/or increased coverage. These increases are due, in large part, to the following:

1. The promotional efforts of CDSPI
2. The broad types of protection being offered
3. Competitive pricing of your products
4. The higher malpractice rates which went into effect on January 1, 1987
5. A large increase in the number of malpractice participants, particularly from the Province of Quebec.

OFFICE CONTENTS

<u>Year</u>	<u>Premiums</u>	<u>Loss Ratio</u>	<u>No. of Claims</u>	<u>Frequency</u>	<u>Losses Incurred</u>	<u>Average Loss</u>	<u>No. of Dentists</u>
1986	\$1,180,555.	42%	256	6.2%	\$ 499,467.	\$1,951.	4,135
1987	\$1,414,234.	64%	238	5.4%	\$ 899,949.	\$3,781.	4,399

PRACTICE INTERRUPTION

1986	\$ 403,190.	16%	61	1.9%	\$ 66,229.	\$1,086.	3,240
1987	\$ 509,495.	31%	67	1.9%	\$ 157,182.	\$2,346.	3,458

COMPREHENSIVE GENERAL LIABILITY

1986	\$ 399,051.	10%	69	1.1%	\$ 38,326.	\$ 555.	6,235
1987	\$ 527,370.	91%	86	1.4%	\$ 477,408.	\$5,551.	6,105

MALPRACTICE

1986	\$2,736,224.	69%	295	4.2%	\$1,900,069.	\$6,441.	7,013
1987	\$3,643,117.	98%	356	4.3%	\$3,554,831.	\$9,985.	8,356

1989 POLICY PLANS PROPOSALS

OFFICE CONTENTS

As a result of negotiations the Guardian Insurance Company has agreed to maintain the Office Contents rating at the present levels for 1989. The various extensions will also remain unchanged, except for Valuable Papers and Rental Value coverage. The gross rates for these two extensions will be reduced from 2.36 per \$1,000 of coverage to 1.91.

During our discussions with the Guardian we asked them to consider providing Fidelity Bond coverage with limits up to \$50,000.00 available. The Guardian has agreed to add a Primary Commercial Blanket Bond, for a \$5,000.00 basic limit, at no additional premium, to the Master Agreement for 1989. Additional limits beyond \$5,000.00 to a maximum of \$50,000.00 will be offered at a gross rate of 5.70 per \$1,000 of coverage.

In our 1988 quotation we talked at some length about the problem the industry presently faces with respect to earthquake and the study presently being conducted by the Reinsurance Research Council. As of this date they have been unable to conclude their study due to Insurer difficulties in providing this information. The difficulties have arisen because most Insurers have not maintained accurate records of premium and exposures in their computer systems. We understand that these problems are now being rectified. As the project has not been completed, we do not foresee any restriction on earthquake coverage for the 1989 policy year. This does, however, remain a possibility - but a very remote one.

When the study is completed it will probably reveal that the major Insurers and Reinsurers have enormous (and unacceptable) earthquake exposures, particularly on the West Coast.

It is always possible that, at some time in the future, Reinsurers will take action to reduce earthquake coverage available in the marketplace. We do not feel, however, that any restrictions contemplated would pose a major concern to any of the participants in the CDIP Plan.

PRACTICE INTERRUPTION INSURANCE

Even though the loss ratio in 1987 increased to 31% (loss ratio in 1986 was 16%) this is still a profitable section of your contract.

This is due, in part, to the significant increase in premium generated during 1987. Once again, credit must be given to CDSPI for their success in marketing this extremely important line of coverage.

Because of the profitability of this particular line, and because of the Guardian's desire for further increased penetration, the Guardian has agreed to reduce the gross rate from 2.12 per \$1,000 to 1.91 per \$1,000 for 1989.

COMPREHENSIVE GENERAL LIABILITY

The loss ratio in 1987 increased from 10% (in 1986) to 91%. Overall, however, the three year loss experience has been profitable.

One of the difficulties with the existing Comprehensive General Liability pricing has been the premium differentials in the second and third million pricing, which have been out of step with the first million pricing.

As everyone is aware, the Comprehensive General Liability coverage being offered by the Guardian has been, and continues to be, very broad in scope. The annual premium in 1988

(current year) for limits of \$1,000,000.00 inclusive, is \$91.00. This price is extremely competitive.

Because of a tendency toward higher court awards CDSPI, on our recommendation, has continued to suggest to the various participants that they increase their policy limits to \$2,000,000.00 or \$3,000,000.00 inclusive. Also, many new leases are insisting that tenants carry higher limits than in the past. The problem, as mentioned earlier, has been the differential in pricing between \$1,000,000.00 and the higher limits.

As a result of protracted negotiations between ourselves, the Guardian and their Reinsurance Companies, we are now able to offer the following for 1989:

1. Reduced premiums at the \$2,000,000.00 and \$3,000,000.00 levels
2. New limits of \$4,000,000.00 and \$5,000,000.00 at competitive premiums.

The pricing of the \$4,000,000.00 and \$5,000,000.00 levels should be particularly attractive to those participants who have already purchased the excess layers.

The Guardian's pricing for the first million dollars requires a slight increase from \$91.00 (gross) to \$99.00 (gross) in 1989. This modest increase requested is reflective of the Guardian's desire to continue to be able to provide a competitive product particularly from a coverage standpoint.

It is our sincere belief that the new pricing structure along with the excellent marketing techniques being used by CDSPI will produce a significant increase in excess participation.

MALPRACTICE

In 1986 the loss ratio for malpractice was 69%. In 1987 the loss ratio increased to 98%. As mentioned earlier, this is clearly unprofitable.

As can readily be appreciated a large part of the 1989 renewal negotiations were taken up with the malpractice part of your Plan. The Guardian's actuary recommended that the Plan would need at least a 10% increase in rates. We, as the insurance brokers, did not jump for joy at this suggestion. The Guardian's senior underwriters agreed with us that they must take into consideration the margin of error which the actuarial projections are always subject to.

The Guardian pointed out that in order for them to have an error margin of 5% they would need to have a base of 10,000 claims to consider. At present the C.D.I.P. Plan has a base of 2,100 malpractice claims. The Guardian underwriters did a complete review of the C.D.I.P. numbers as they relate to the Guardian's total book of dental malpractice business. They then related this information to their findings with regard to other business which they have on their books with a "long tail" exposure.

At this time, it should be mentioned, that we had originally asked the Guardian to consider leaving the malpractice premiums unchanged for 1989.

The Guardian did agree that it is possible for the malpractice portion of the Plan to be renewed in 1989 with no rate increase but they do not recommend this approach since they feel it may affect the stability of the Plan in 1990 and 1991.

The Guardian's analysis led them to the conclusion that they

must recommend that the malpractice part of your Plan sustain a 5% rate increase for 1989. It is their feeling that if the Plan was not to absorb this level of rate increase in 1989 then they could foresee a considerable rating deficiency as a distinct possibility in the years 1990 and 1991.

The Guardian reminded us that, before we became the "Broker of Record", the malpractice premiums had been kept at an unrealistically low level for several years in spite of a deteriorating loss record. The end result was the necessity of CDSPI either finding another market or accepting a premium increase of more than 100% for 1984. We understand that this necessary, but staggering, premium adjustment caused quite a furor in the dental profession across Canada. Bearing this in mind we can honestly recommend that a 5% increase in the malpractice premium be accepted for 1989.

During our lengthy negotiations we also asked the Guardian to consider the following:

1. Providing malpractice limits up to \$5,000,000.00 inclusive.
2. Giving a dentist the option of increasing his \$500.00 deductible to either \$1,000.00 or \$2,000.00.
3. Guaranteeing that the Guardian would be a market for 1989 and 1990.

We are pleased to advise that the Guardian has agreed to all of the above requests.

As a result of general discussions it was also recommended by Guardian (and we agree) that they should drop the \$500,000.00 level, in connection with Auxiliaries, from the Plan. They are also proposing (and we do not disagree) that the gross premium for \$1,000,000.00 Auxiliary coverage be \$25.00.

At the end of this Report there are two Malpractice Premium Schedules (Schedule A and Schedule B).

We would therefore like to make the following recommendations in connection with the 1989 malpractice coverage:

1. That Malpractice Premium Schedule A be adopted.
2. The Auxiliary Coverage be for \$1,000,000.00
3. That the participants be given the option of increasing their malpractice deductible to \$1,000 or \$2,000.

PERSONAL UMBRELLA LIABILITY PROGRAM (P.U.L.P)

We are pleased to advise that we have been able to finalize the renewal of this particular portion of your Plan in time for inclusion in our 1989 quotation.

As you are aware PULP came into effect on April 1, 1987. During 1987 we were successfully able to negotiate improvements in connection with two aspects of the Plan.

Beginning on January 1, 1988 the Plan now provides excess coverage over Personal marine-type policies. When PULP was first introduced it was restricted to covering watercraft insured under a Personal Liability policy only.

The second improvement, which also took effect on January 1, 1988, was a reduction in the deposit premium required by the Reinsurer for 1988. The Reinsurer also agreed to a request by the Guardian last October to retroactively reduce the 1987 deposit premium by \$10,000.00.

For 1989 the premiums, coverage limits and policy wording will remain unchanged. The deposit premium requirement (\$23,000.00) is also unchanged.

For your information the number of participants is gradually increasing as a result of excellent promotional material being sent out by CDSPI. We are hopeful that the very competitive pricing of this product will lead to further increased penetration, not only this year, but also in 1989.

RATE SCHEDULE

1989 General Insurance

Renewal Comparisons

	<u>Current Rates</u>		<u>Proposed Rates</u>	
	<u>1988 Guardian</u>		<u>1989 Guardian</u>	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
<u>Office Contents</u>	Per Provincial Schedules		No Change	
<u>Valuable Papers</u> (per \$1000)	2.05	2.36	1.66	1.91
<u>Rental Value</u> (per \$1000)	2.05	2.36	1.66	1.91
<u>Practice Interruption</u> (per \$1000)	1.85	2.12	1.66	1.91
<u>Comp. Gen. Liability</u> (\$1,000,000 incl)	79.00	91.00	86.00	99.00
(\$2,000,000 incl)	150.00	173.00	121.00	139.00
(\$3,000,000 incl)	188.00	216.00	152.00	175.00
(\$4,000,000 incl)	Not Available		174.00	200.00
(\$5,000,000 incl)	Not Available		196.00	225.00
<u>P.U.L.P</u>				
3,000,000 excess	114.00	131.00	No Change	
4,000,000 excess	131.00	151.00	No Change	
5,000,000 excess	143.00	164.00	No Change	

*Please note: (Net +15% = Gross)

The gross premiums proposed for 1989 have been rounded to the nearest dollar.

MALPRACTICE PREMIUM SCHEDULE - A

1989 General Insurance

Renewal Comparisons

<u>Limit</u>	<u>Current Rates</u> <u>1988 Guardian</u>		<u>Proposed Rates</u> <u>1989 Guardian</u>		<u>Proposed Rates</u> <u>1989 Guardian</u>		<u>Proposed Rates</u> <u>1989 Guardian</u>	
	<u>\$500. deductible</u> <u>Compulsory</u>		<u>\$500. deductible</u> <u>Compulsory</u>		<u>\$1000 deductible</u> <u>Optional</u>		<u>\$2000 deductible</u> <u>Optional</u>	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
1,000,000	542.00	623.00	569.00	654.00	551.00	634.00	535.00	615.00
2,000,000	618.00	711.00	645.00	742.00	626.00	720.00	611.00	703.00
3,000,000	665.00	765.00	692.00	796.00	671.00	772.00	657.00	756.00
4,000,000	Not Available		728.00	837.00	706.00	812.00	691.00	795.00
5,000,000	Not Available		763.00	878.00	741.00	852.00	724.00	833.00

AUXILIARIES

500,000	12.03	13.84	Not Available	Not Available	Not Available
1,000,000	16.87	19.40	22.00	25.00	Not Available

*Please note: (Net + 15% = Gross)

The gross premiums proposed for 1989 have been rounded out to the nearest dollar.

COUNCIL ON NOMINATIONS, AWARDS AND TRUSTS

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Members: Dr. J.R. Robertson, Chairman, Summerside
Dr. B.W. Holmes, Kenora
Dr. R.N. Hicks, West Vancouver

Executive
Liaison: Dr. J.R. Robertson, Summerside

Coordinator: Mrs. Sandra Leziel

ITEMS REQUIRING BOARD ACTION

1. Council did not meet during the term; business was conducted by correspondence and telephone.
2. Solicitation of nominations for elective offices and vacancies was conducted in accordance with the by-laws and terms of reference of the Council.
3. All elective offices and vacancies for the 1988-89 term have been filled by eligible nominees, with the following exceptions: Dr. Peacock will act as Interim Chairman, Council on Constitution and By-Laws through Presidential appointment. The position on the Council on Ethics will remain vacant pending reactivation of activities. Candidate(s) for the office of President-Elect are required to address the Board.
4. Elections are to be held during the annual meeting of the Board of Governors in Edmonton, Alberta, August 19-20, 1988.
5. Elections will be required as indicated in the appended table.

APPENDIX I

6. RESOLVED:

88.137 THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.

ADOPTED

RESOLVED:

- 88.138 THAT Dr. R. Thordarson, Executive Director, College of Dental Surgeons of B.C., and Mr. R.H. McIntyre, Executive Director, Manitoba Dental Association and Mr. Jardine Neilson, Executive Director, Canadian Dental Association, be appointed the scrutineers.

ADOPTED

Following an election by ballot, the results were:

Dr. Ray Wenn, P.E.I., Executive Council representative for the Atlantic Provinces.

RESOLVED:

- 88.139 THAT the ballots be destroyed.

ADOPTED

APPENDIX II

7. The call for nominations, the nomination form and the list of nominees with biographical information are appended and comprise part of this report. A nomination from the floor to fill the vacancy on the Council on Nominations, Awards and Trusts is required.

RESOLVED:

- 88.140 THAT Dr. Ron J. Markey be appointed to fill the vacancy on the Council of Nominations, Awards and Trusts.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION8. CDA President's Award

APPENDIX III

A list of 1987-88 recipients of the CDA President's Award is appended.

9. Honorary Membership

APPENDIX IV

As quoted in the Terms of Reference, Honorary Membership is the highest award of the Association. Its purpose is to recognize individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time.

This award may be for service that is provincial, national or international in nature. It should not be viewed as an automatic award, following a great number of years of practice. Due to the distinctive nature of the Honorary Membership Award, only in the most unusual circumstances will there be more than one award conferred in any one year. An award each year shall not be considered a requirement.

Honorary Membership in CDA has been conferred on Dr. Nicholas A. Mancini.

10. Council expresses appreciation to the nominators for their assistance in providing nominees, to the candidates for their willingness to serve and to the staff for their assistance.

Respectfully submitted,

John R. Robertson, L.L.S.
Chairman, Council on Nominations
Awards and Trusts

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Nominations, Awards and Trusts with appreciation.

NOMINATIONS - CDA ELECTIVE OFFICES - 1988

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES/AFFILIATIONS
<u>Chairman of the Board</u> Dr. N.A. Mancini	Annual Election	Active or Honorary member	1 year	1. Dr. N.A. Mancini (Ont.)
<u>President-Elect</u> Dr. J.W. Niedermayer (Man/Sask)	Annual Election	Member of the Board of Governors	1 year	1. Dr. K. Roach (Ont.)
<u>Executive Council</u> Dr. K. Roach (Ont.) 1988(1) Dr. D.E. MacFarlane (BC) 1988(1) Dr. R. Wenn (Atl.Prov.) 1988	Annual Election to fill expired terms	Member of the Board of Governors	2 years	1. Dr. B. Dolansky (Ont.) 2. Dr. D.E. MacFarlane (BC) 3. Dr. R. Wenn (Atl.Prov.)* 4. Dr. T. Gushue (Atl.Prov.)*
<u>Constitution & By-Laws</u> Dr. G.H. Peacock (Sask) 1988(2)	Annual Election	CDA Member with stipulations	3 years	1.

* Election required.

NOMINATIONS - CDA ELECTIVE OFFICES - 1988

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES/AFFILIATIONS
Education and Accreditation Dr. M. Boyd, UNIV (B.C.) 1988(2) Dr. M. Jahjah, NON-UNIV. (Qué.) 1988(2) Dr. E.W. McIntyre, NON-UNIV. 1988(2) Dr. G.W. Burgman, NON-UNIV. (Ont.) 1988(2) Dr. L. Harder, NON-UNIV. (Sask) 1988 Dr. G. Thompson, ACFD (Alta) 1988(1) Dr. K.F. Pownall, REGISTRAR (Ont.) 1988(2) Dr. H. Dick, NDEB (Alta) 1988(1) Miss M. Shildkraut, STUDENT (Qué.) 1988 Ms. K. MacDonald, CDHA (N.S.) 1988(1) Mrs. M. Paquin, CDAA (BC) 1988(1)	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. R. Brooke (UNIV) 2. Dr. A.D. Fletcher (NON-UNIV) 3. Dr. G.D. Rocky (NON-UNIV) 4. Dr. R. Salois (NON-UNIV) 5. Dr. L. Harder (NON-UNIV) 6. Dr. G.W. Thompson (ACFD) 7. Dr. M. Lasko (REGISTRAR) 8. Dr. H. Dick (NDEB) 9. Miss M. Shildkraut(STUDENT) 10. Ms. M. Forgay (CDHA) 11. Mrs. M. Paquin (CDAA)
Ethics Dr. B.G. Saik (Alta) 1988(1) Dr. W.G. Leggett (Ont) 1988(2)	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. B.G. Saik (Alta) 2.

BIOGRAPHICAL INFORMATION

NAME: Nicholas A. Mancini

ADDRESS: (office) 280 Barton Street East
Hamilton, Ontario L8L 2X3
Tel. (416) 529-0041

DATE AND PLACE OF BIRTH: April 23, 1922, Hamilton, Ontario

PERSONAL: Married - Josephine, October 10, 1949
3 sons, Michael Gerard, Nicholas Anthony Jr., John Patrick

EDUCATION: Elementary - St. Ann's School, Hamilton
Secondary - Cathedral High School, Hamilton
B.A. (Chem., Physics, Biology) University of Toronto
D.D.S. - University of Buffalo

Memberships: Served on original Foundation Committee for the Hamilton
Theatre Auditorium Centre
Served on Hamilton Urban Renewal Committee
Served on Staff of Hamilton Civic Hospitals
Served (6 yrs.) Board of Governors of Hamilton Civic
Hospitals
Served (1 yr) Board of Directors of Social Planning and
Research Council
Past Chairman of Canadian Catholic School Trustees
Assoc. (C.C.S.T.A.)
Past Chairman of Ontario Separate School Trustees Assoc.
(O.S.S.T.A.)
Presently on Board of Directors of C.S.T.C.
Dominion Council of Health (3 yrs.)
Past Chairman of Hamilton-Wentworth Roman Catholic
Separate School Board
Presently School Trustee and Chairman of Education
Committee
Past President of Hamilton Academy of Dentistry
Member - Canadian Academy of Prosthodontists
Serving as Chairman of the Board - C.D.A.
Serving as Chairman of the Board - C.D.A.
Past Grand Knight - Knights of Columbus, Hamilton

AWARDS: Accorded Papal Honour (made a K.S.6) (Knighthood) Knight
of St. Gregory
Barnabus Day Award (C.D.A.)

BIOGRAPHICAL INFORMATION

NAME: Dr. Kevin L. Roach

ADDRESS: 351 Pembroke Street West, Pembroke, Ontario

DATE AND PLACE OF BIRTH: April 5, 1948, Renfrew, Ontario

POSITION/PRACTICE: Family and Preventative Practice

EDUCATION: St. Columba's High School
Laurentian University
University of Toronto

DEGREES: B.Sc. Laurentian University - 1969
D.D.S. University of Toronto - 1973

EXPERIENCE: University of Toronto Student Governor
to ODA/CDA 1972
Chairman 4th Canadian Dental Students
Conference - Vancouver 1973
President, Renfrew County Dental Society 1975
CDA Board of Governors 1977
Elected Executive Council CDA 1978
Elected CDA Governor 1979
President, Ontario Dental Association 1983
Re-elected CDA Governor 1984
Elected CDA Executive Council 1986
Involvement with the following 1986
Councils or Committees:
Membership, Information Services, Dental Materials and
Devices, Consumer Products Recognition, Roles and
Responsibilities, Hygiene Task Force, Education and
Accreditation, Constitution and By-Laws

ORGANIZATIONS: Renfrew County Dental Society, Ontario Dental
Association, Canadian Dental Association, Fédération
Dentaire Internationale

OTHER: Past Director - Kinsmen Club
Past Director - United Appeal
Past President Renfrew-Nipissing - Pembroke
Liberal Association
Chaired four campaigns to promote fluoridation
of Pembroke's Water Supply
Director of Renfrew County Children's Aid Society

AWARDS: Oral Diagnosis Award 1973, Dental Students Society Award
1973, Athletic Award 1973

PERSONAL: Married, wife Anne Children: Murray - 13,
Maureen - 11, Rebecca - 7, Meghan - 5
Hobbies: politics, water and snow skiing, karate, canoeing,
baseball

BIOGRAPHICAL INFORMATION

NAME: Bernard H. Dolansky

ADDRESS: 231 McLeod Street, Ottawa, Ontario K2P 0Z8

DATE AND PLACE OF BIRTH: March 2, 1945 Montreal, QC.

POSITION/PRACTISE: General practice, Montreal 1970-1971
Endodontist specialty practice Ottawa 1973-present

EDUCATION: Monklands High School Montreal, QC.
McGill University B.A. 1966
Universite de Montreal D.D.S. 1970

DEGREES: Northwestern University M. Sc. Cert. Endo.

EXPERIENCE: Chairman Continuing Education Committee O.D.A.
1977-1980
Member, Executive Council O.D.A. 1981-1988
Member, Management Committee O.D.A. 1985-1988
President, O.D.A. 1986-1987
Member, Executive of Ottawa Dental Society 1974-1988
Governor C.D.A. 1981-1986 - 1986 Present
Vice-President, Jewish Community Council of Ottawa
1987-1989, and Chairman, Planning Priorities and
Budget Committee 1984-1987

ORGANIZATIONS: Ottawa Dental Society
Ontario Dental Association
Canadian Dental Association
American Association of Endodontists
Canadian Academy of Endodontists
Pierre Fauchard Academy
M.R.C.D.
F.I.C.D.

OTHER: Clinical Associate , University of Toronto,
1979-1981
Lecturer, O.D.A. Professional Development Program
1981-Present
Lecturer at numerous conventions, meetings, etc.

AWARDS: Research Fellowship Medical Research Council of
Canada, 1971-1973

BIOGRAPHICAL INFORMATION

NAME: Dr. Ray Wenn

ADDRESS: P.O. Box 1948
Charlottetown, Prince Edward Island
C1A 7N5

DATE AND PLACE OF BIRTH: April 16, 1943
Charlottetown, Prince Edward Island

POSITION/PRACTISE: Private Practise, General Practise

EDUCATION: Prince of Wales College - Grade 12
University of Prince Edward Island - 3 years

DEGREES: Dalhousie University D.D.S. 1975

EXPERIENCE: Secretary-Registrar
- Dental Association of P.E.I. - 5 years
President
- Dental Association of P.E.I. - 1 year
Councillor
- Village of Cornwall - 10 years, including
3 years as Chairman

ORGANIZATIONS: Dental Association of P.E.I.
Canadian Dental Association
F.A.D.I.

BIOGRAPHICAL INFORMATION

NAME: Toby Gushue

ADDRESS: Village Mall, Box 93, St. John's, NF

DATE AND PLACE OF BIRTH: November 26, 1942, St. Joseph's, NF

PRACTICE: General Practice

EDUCATION: Holy Cross High School
Memorial University of Newfoundland
Dalhousie University

DEGREES: B.A.(Ed.) Memorial, 1964
B.A. Memorial, 1968
D.D.S. Dalhousie, 1973

EXPERIENCE: Teacher, St. John's, 1964-67, 1968-69
General Practice, Grand Falls, 1973-77
General Practice, St. John's, 1977 - present
Executive Secretary, NDA, 1980-87
Governor, CDA, 1987 -
Member, Third Party Dental Plans Committee, 1984 -
Chairman Public Relations, NDA 1978-82, 83 -
Editor, NDA Newsletter
President, Avalon Dental Study Club
Chairman, Continuing Education Committee, NDA
Co-ordinator, NDA Continuing Education Courses
Member, Continuing Education Advisory Committee, Dalhousie Univ.
Chairman, NDA Convention Committee
Member, NDA Public Health Committee
Member, NDA Government Relations Committee
Chairman, Whiteway Properties Local Improvement Committee
Officer Training Program, Cadet Services of Canada, Lieutenant, 1961
Instructor, Army Cadet Corps, 1961-69
Administration Officer, Army Cadet Corps, 1964-69
Administration Officer, Cadet Company, Banff National Army Cadet Camp, 1969
Platoon Commander/Administration Office, Cadet Company, Aldershot Army Camp, 1968

MEMBERSHIP: Newfoundland Dental Association
Canadian Dental Association
Business Association of Newfoundland and Labrador
Rotary International

May 1988

BIOGRAPHICAL SKETCH

NAME: RALPH I. BROUKE

ADDRESS: Faculty of Dentistry, University of Western Ontario

DATE/PLACE OF BIRTH: Leeds, United Kingdom - 25.04.34

POSITIONS: Dean, Faculty of Dentistry, U.W.O.
Vice-Provost, Health Sciences, U.W.O.
Professor, Oral Medicine, U.W.O.
Chief of Dentistry, University Hospital
Honorary Lecturer, Departments of Medicine and Pathology, U.W.O.

EDUCATION: B.Ch.D., L.D.S., M.R.C.S., L.R.C.P.,
F.D.S.R.C.S., F.R.C.D.(C), F.I.C.D.

EXPERIENCE: a) All aspects of dental education
b) Clinical Work in Oral Medicine
c) Clinical Teacher for 25 years

ORGANIZATIONS: C.D.A., O.D.A., Pierre Fauchard Academy,
American Academy of Oral Medicine, Canadian Academy of Oral Medicine, International Association for Study of Pain, etc.

OTHER: a) Has served as President of Canadian Academy of Oral Pathology
b) Numerous publications in dental and medical literature

BIOGRAPHICAL INFORMATION

NAME: A. D. Fletcher.

ADDRESS: Wolf Willow Place,
6853 - 170 Street, Edmonton, Ab., T5T 4W5.

DATE AND PLACE OF BIRTH: June 23, 1936. Prince Albert, Saskatchewan.

POSITION/PRACTISE: Private General Practice.

EDUCATION: Prince Albert Collegiate Institute. Grad. 1955.
University of Saskatchewan. Grad. 1960. B.Sc.
(Civil Engineering)
University of Manitoba. Grad. 1967. D.M.D.
(Dentistry)

DEGREES: B.Sc. (Civil Engineering) University of Sask.
1960.
D.M.D. University of Manitoba. 1967.

EXPERIENCE: General Practice. June 19, 1967 to present
time.

ORGANIZATIONS: 1. Alberta Dental Association.
2. Canadian Dental Association.
3. Society for Occlusal Studies for Alberta.
4. Orthodontic Study Club for General Practitioners.

OTHER: 1979 - 81. Part time clinical instructor.
C & B Dent. University of Alberta.

AWARDS:

BIOGRAPHICAL INFORMATION

NAME: Dr. Gale Diane Rocky

ADDRESS: 7411 Schaefer Ave.
Richmond, BC V6Y 2W7

DATE AND PLACE OF BIRTH: November 20, 1952, Vancouver, BC

POSITION/PRACTISE: Private Practice

EDUCATION: Templeton High School; Vancouver, BC

DEGREES: - Diploma: Dental Hygiene (U.B.C. 1974)
- D.M.D.: (U.B.C. 1982)

EXPERIENCE: - General Practice Dental Hygiene 1974 - 1981
- General Practice Dentistry 1982 - present
- Admissions Committee Member Faculty of Dentistry
UBC 1980 - 1982
- Admissions Interview Member Faculty of Dentistry
UBC 1980 - 1984
- Member of Board of Examiners: Dental Hygiene 1983 -
present

ORGANIZATIONS: - College of Dental Surgeons of B.C.
- Canadian Dental Association

OTHER: - Member Auxiliary Education Committee CDSBC 1984 -
1986
- Chairman Auxiliary Education Committee CDSBC 1986 -
present
- Chairman of Sub-committee of Auxiliary Education
Committee CDSBC to develop Clinical Review Process
of Dental Hygiene Programs in B.C. 1987 - 1988
- Chairman of Visitation Team: Review of Vancouver
Vocational Institute, Dental Hygiene Program Review
April 1988
- Member Ad Hoc Committee on Dental Hygiene CDSBC
1984 - 1986

AWARDS: - American Society of Dentistry for Children Award
U.B.C. 1982

BIOGRAPHICAL INFORMATION

NAME: Robert Salois

ADDRESS: 3050, boulevard Portland
local N11
Sherbrooke, (Québec)
J1L 1K1

DATE AND PLACE OF BIRTH: 08/10/1944 Windsor, (Québec)

POSITION/PRACTISE: Private Practice

EDUCATION: Collège Classique, Université
Séminaire de Sherbrooke
Université de Montréal

DEGREES: B.A. (1964) University of Sherbrooke
D.D.S. (1970) University of Montreal

EXPERIENCE: General practice 1975 - 19...
Military service 1970 - 1975
Administrator O.D.Q. 1984 - 19...
Member PRUC 1986 (CDA)
Provincial Comité on examination (ODQ)
N.D.E.B. (Examinator) 1980 - 19...

ORGANIZATIONS: Study Club Sherdent
Canadian Dental Association
Ordre des Dentistes du Québec
Canadian Dental Association

OTHER: 1979 - 80 Part-time clinician : Oral diagnosis
1988 Part-time clinician : Prothesis
University of Montreal

BIOGRAPHICAL INFORMATION

NAME:

Dr. Lornce Harder

ADDRESS:

10008 5th Ave.
North Battleford, Saskatchewan
S9A 2N2

DATE AND PLACE OF BIRTH:

July 19, 1937
Rosthern, Saskatchewan

POSITION/PRACTISE:

Private Practice

EDUCATION:

3 years (15½) classes Arts & Science; University of Saskatchewan
4 years Dentistry; University of Alberta

DEGREES:

D.D.S.

EXPERIENCE:

6 years on Council Sask. College of Dental Surgeons; Past President Sask. College of Dental Surgeons; 4 years Kelsey Institute Advisory Board for Dental Assistants; 2 years Quality Assurance Committee Sask. Adolescent Dental Plan; 4 years National Dental Examining Board as Examiner; 1 year appointment by C.D.A. to Council on Education & Accreditation

ORGANIZATIONS:

C.D.A.
North Battleford Dental Society
Fellow of Academy of Dentistry International

OTHER:

Past Member Junior Chamber of Commerce; Past Member Kinsmen Club; Past Member Toastmasters International; Active in Provincial & Federal Politics (organizationally)

AWARDS:

Fellowship Academy of Dentistry International

BIOGRAPHICAL INFORMATION

NAME: Gordon W. Thompson

ADDRESS: Faculty of Dentistry, University of Alberta
Edmonton, Alberta
T6G 2N8

DATE AND PLACE OF BIRTH: December 22, 1940
Vancouver, British Columbia

POSITION/PRACTISE: Faculty of Dentistry, Dean

EDUCATION: Hope High School, Hope, BC
University of British Columbia
University of Alberta
University of Toronto

DEGREES: D.D.S. (Alberta 1965)
M.Sc.D. (Toronto 1967)
Ph.D. (Toronto 1971)

EXPERIENCE: Faculty of Dentistry, University of Toronto
(1967-78)
Faculty of Dentistry, University of Alberta
(1978-present)

ORGANIZATIONS: Alberta Dental Association
Ontario Dental Association
Canadian Dental Association
Canadian Fund for Dental Education Board
Association of Canadian Faculties of Dentistry

OTHER: International Association for Dental Research

F.R.C.D.(C)
F.I.C.D.
F.A.C.D.
F.A.D.S.I.

AWARDS:

BIOGRAPHICAL INFORMATION

NAME: Dr. Michael Anthony Lasko

ADDRESS: (Res) 12 Seabrook Cove (Prac) 573 Mountain Avenue
Winnipeg, Manitoba Winnipeg, Manitoba
R2J 3G2 R2W 1K8

DATE AND PLACE OF BIRTH: Toronto, Ontario - 6 May 1944

POSITION/PRACTISE: Private Practise

EDUCATION: Gordon Bell High School 1961
University of Manitoba 1963 (Faculty of Science)
Faculty of Dentistry 1967

DEGREES: D.M.D. University of Manitoba 1967

EXPERIENCE:	General Practise - Winnipeg 1967 to present
Peer Review/Mediation Committee	Part time clinical demonstrator University
Manitoba Dental Association	of Manitoba Faculty of Dentistry in Restor-
1977-1980. Social Allowance	ative dentistry 1979-1981
Review Committee 1980-1983	Registrar Manitoba Dental Association 1982 to present

ORGANIZATIONS:	Manitoba Dental Association
	Canadian Dental Association
	Winnipeg Dental Society
	Xi Psi Phi Fraternity
	Alumni Association University of Manitoba

OTHER:

AWARDS:

BIOGRAPHICAL INFORMATION

NAME: Henry M. Dick

ADDRESS: 3036 Dentistry/Pharmacy Centre
University of Alberta
Edmonton, Alberta
T6G 2N8

DATE AND PLACE OF BIRTH: June 1, 1931 Duchess, Alberta

POSITION/PRACTISE: Faculty of Dentistry
Associate Dean
Specialty in Oral Pathology

EDUCATION: D.D.S. University of Alberta 1952
M.Sc. University of Manitoba 1968

DEGREES:

EXPERIENCE: 1957-1966 Private Practice
1968-present Full Time
1981-present Academic Staff, U of Alberta; NDEB Executive
Committee, Currently President

ORGANIZATIONS: 1977-1979 Acting Chairman, Dept. of Oral Biology
1983-1984 CDA Council on Dental Research
1969-1974 President C.A.O.P.
1977 FRCD(C); Alberta Dental Association; Edmonton
1984 and District Dental Society; CDA Member;
C.A.O.P. Member; A.A.O.P. Member

OTHER: 1985-present CDA Council on Education & Accreditation
Other CDA involvements: Ad Hoc Committee on Reciprocity
Joint Advisory Committee
Committee on Continuing Education
Task Force on Future Planning
5X Accreditation Team Member

AWARDS:

BIOGRAPHICAL INFORMATION

NAME: Margery G.E. Forgay

ADDRESS: (home) 6369 Coburg Place #1008
Halifax, N.S.

(office) School of Dental Hygiene
Dalhousie University
Halifax, N.S.

ACADEMIC
APPOINTMENTS: 1985 - Director, School of Dental Hygiene,
Dalhousie University
1976-85 Professor, School of Dental Hygiene,
University of Manitoba
1964-76 Director, School of Dental Hygiene,
University of Manitoba
1963-64 Acting/Director, School of Dental Hygiene,
University of Manitoba
1962-63 Consultant in Dental Hygiene Education,
University of Manitoba
1952-54 Dental Hygienist, Dept of Public Health,
Province of Saskatchewan

PROFESSIONAL
EXPERIENCE: 1952-54 Dental Hygienist, Saskatchewan
Dept. of Health
1954-58 Dental Hygienist, private practice,
(part-time)
1970-80 Dental Hygienist, private practice,
(part-time)

PROVINCIAL LICENSES:
Manitoba, Saskatchewan, Nova Scotia

ORGANIZATIONS: MDHA, CDHA, CPHA, AADS, IADR

POSITIONS/OFFICES: Chair, Federal Government Working Group on the Practice
of Dental Hygiene
Member, Advisory Committee on Development of Clinical
Practice Standards for Dental Hygienists
Chair, CDHA Committee on Quality Assurance 1986 -
Chair, CDHA Committee on Continuing Education, 1979-81
Member of editorial board for 2 refereed journals

PUBLICATIONS IN
PAST 5 YEARS: "Quality and Competence Assurance", E.G. Brownstone
and M.G.E. Forgay, PROBE, Vol. 21(1), March 1987
"Root Surface Caries: Implications for Dental Hygienists",
T.L. Mitchell and M.G.E. Forgay, PROBE, Vol. 21(1), March
1987
"Working Group on the Practice of Dental Hygiene",
Proceedings XI International Symposium on Dental
Hygiene, Oslo 1986.
"Assessing Manpower Demand and Desired Skills for
Degree Graduates in Dental Hygiene", (monograph), S.J.
Feller and M.G.E. Forgay, University of Manitoba, June
1983.

BIOGRAPHICAL INFORMATION

NAME: E. Marlane D. Paquin

ADDRESS: 4190 West 11th Avenue
Vancouver, B.C.
V6R 2L6

University of B.C.
Faculty of Dentistry - OMSS
2199 Wesbrook Mall
Vancouver, B.C. V6T 1Z7

DATE AND PLACE OF BIRTH: 08/08/46 Trail, British Columbia

POSITION/PRACTICE: Certified Dental Assistant III University of B.C.,
Faculty of Dentistry
Instructing 2nd through 4th year dental
students inclusive in intra oral radiology.

EDUCATION: Nanaimo Senior Secondary, Vancouver Community College,
University of B.C. Qualifying studies, Simon Fraser Qualifying
studies

DEGREES: 1972 CDA Diploma, 1974 CDAA National Certification
1986 Instructor Diploma Program
1988 Qualifying for Masters in Education
Accepted to start January '89 at Simon Fraser Univ.

EXPERIENCE: President VDAA - BCDAAs Rep. to College of Dental Surgeons
President BCDAAs CDAA
President CDAA Accreditation Team Member, 9 times
1969-1970 Private Practice Dr. D. Dowman Chairside DA
1970-1972 Private Practice Dr. R.D. Boag Certified DA
1973-1975 Metropolitan Health (2 evenings a week)
1973-1979 Certified D.A. University of B.C., Faculty of
Dentistry, Restorative Dept.
1979 to present - Certified D.A. Univ. of B.C.,
Faculty of Dentistry, OMSSD

ORGANIZATIONS: Canadian Dental Assistants' Association 1969 to present
B.C. Columbia Dental Assistants' Assoc. 1969 to present
New Westminster Dental Assistants' Assoc. 1969-1970
Victoria Dental Assistants' Association 1970-1973
Vancouver Dental Assistants' Association 1973 to present
ASPD 1973-1976

OTHER: B.C. College of Dental Surgeons - CDA Examiner
CDAA - Practical Evaluation Examiner
U.B.C. Centre for Continuing Education Lecturer and
Practical Teaching.

AWARDS: BCDAAs Table Clinic Award
BCDAAs Membership and Achievement Award
BCDAAs Silver Presidential Award
BCDAAs Supreme Service Award
BCDAAs Honorary Life Membership
VDAA Honorary Life Membership
CDAA Certificate of Merit
CDAA National Certification Trophy
CDAA First Recipient National Education Award

BIOGRAPHICAL INFORMATION

NAME: Dr. Ben G. Saik

ADDRESS: 620 Herald Building
206 7th Avenue S.W.
Calgary, Alberta
T2P 0W7

DATE AND PLACE OF BIRTH: April 16, 1933
Innisfree, Alberta

POSITION/PRACTISE: Private Practise

EDUCATION: Pre-University - Innisfree
D.D.S. - University of Alberta 1957

DEGREES: D.D.S. - University of Alberta 1957

EXPERIENCE: Private Practise - limited to adults fixed
and removable prosthodontics
Past-President - Calgary District Society
1964-65
Past-President - Alberta Dental
Association 1974-75

ORGANIZATIONS: Canadian Dental Association
Canadian Academy of Prosthodontics
Canadian Academy of Restorative Dentistry

OTHER: Royal Canadian Dental Corps (Reserve)
Rank of Captain
Published original articles Canadian
Dental Association Journal
Restorative Dentistry - Gold Pin Retention

M E M O R A N D U M

March 15, 1988

TO: Members of the Board of Governors
Presidents and CEO's - Corporate Members
CDA Council Chairmen
Presidents and Secretaries of Specialty Sections
ACFD - NDEB - RCD(C)
Provincial Registrars
Presidents - CDHA - CDAA

FROM: Dr. John Robertson, Chairman
Council on Nominations, Awards and Trusts

SUBJECT: CDA NOMINATIONS 1988

1. Elections of officers and council personnel for the 1988-89 term will take place during the 1988 Annual Meeting of the Board of Governors in Edmonton, August 19-20, 1988.
2. Except in the case of nominations to the Council on Nominations, Awards and Trusts itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Council on Nominations, Awards and Trusts. The Board may then make further nominations from the floor.
3. It is the duty of the Council on Nominations, Awards and Trusts (Article XVI, Section 4 (i), (i-v) to:
 - (a) prepare a list of all elective offices to be filled;
 - (b) solicit nominations, excluding those for the Council on Nominations, Awards and Trusts;
 - (c) rule on eligibility;
 - (d) make further nominations as necessary, or as Council sees fit;
 - (e) submit a report to the Annual Meeting.

4. **Nominations must be received before May 16, 1988.**

5. Those entitled to make nominations are:

Members of the CDA Board of Governors
CDA Council Chairmen
Presidents or Secretaries of Corporate Members
Presidents or Secretaries of Specialty Sections

6. Nominees to the Council on Education and Accreditation will include the recommendations of:

The Association of Canadian Faculties of Dentistry
The National Dental Examining Board of Canada
The Royal College of Dentists of Canada
The Conference of Provincial Dental Licensing Authorities
Canadian Dental Hygienists' Association
Canadian Dental Assistants' Association

7. All nominations must be accompanied by:

- (a) Written consent of the nominee.
- (b) A completed conflict of interest statement by the nominee.

Failure to comply with these two requirements will nullify the nominations.

8. Except for Executive Council (as otherwise indicated), election to Councils is for a term of three years, renewable once. Members of the Councils must be Active, Affiliate, or Student Members of the Canadian Dental Association. Affiliate members are not eligible for nominations for election to the Board of Governors or the Executive Council. Student members are not eligible for nomination for election to the Executive Council.

Nominations are not required for the Council on Dental Materials and Devices or the Council on Insurance and Investment for reasons outlined in the following pages.

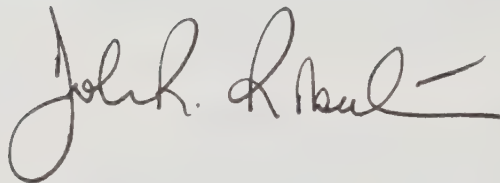
9. Nominations should be accompanied by a brief biographical sketch of the nominee attached to the nomination form. Please use the form provided limiting your submission to one page. (A sample is included for your information).

- 3 -

PLEASE FORWARD YOUR NOMINATION(S),
WRITTEN CONSENT OF THE NOMINEE'S
WILLINGNESS TO STAND FOR OFFICE
AND A BRIEF BIOGRAPHICAL SKETCH
OF EACH NOMINEE TO:

Dr. John R. Robertson, Chairman
Council on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario, K1G 3Y6

DEADLINE: May 16, 1988

A handwritten signature in dark ink, appearing to read "John R. Robertson", with a horizontal line extending from the end of the signature.

c.c.: Members, Council on Nominations, Awards and Trusts

/msg

NOTE DE SERVICE

le 15 mars 1988

AUX: Membres du Bureau des gouverneurs
Présidents et directeurs généraux des
corporations membres
Présidents des conseils de l'ADC
Présidents et secrétaires des sections spécialisées
Association des Facultés de médecine dentaire du
Canada
Bureau national d'examen des dentistes du Canada
Collège royal des dentistes du Canada
Registraires provinciaux
Présidents - ACHD - ACAD

DE: Docteur John R. Robertson, président
Conseil des candidatures, des distinctions et
des fondations

OBJET: CANDIDATURES AUX POSTES DE L'ADC POUR 1988

1. L'élection des dirigeants et des membres des conseils pour l'exercice 1988-89 se déroulera lors de l'assemblée annuelle du Bureau des gouverneurs qui aura lieu les 19-20 août, à Edmonton.
2. Sauf pour les nominations au Conseil des candidatures, des distinctions et des fondations lui-même, aucune candidature ne peut être présentée directement au cours de l'assemblée annuelle, à moins qu'il s'agisse de combler une vacance créée par le retrait d'un candidat qui avait été inscrit sur la liste du Comité des candidatures, des distinctions et des fondations. Le Bureau acceptera alors les candidatures mises de l'avant par les participants.
3. Il incombe au Conseil des candidatures, des distinctions et des fondations (Article XVI, alinéa 4(i) (i-v):
 - (a) de préparer la liste de tous les postes électifs à combler;

- (b) de solliciter les candidatures, sauf au Conseil des candidatures, des distinctions et des fondations;
 - (c) de décider de l'éligibilité des candidats;
 - (d) d'appeler d'autres candidats, au besoin ou s'il juge opportun de le faire;
 - (e) de faire rapport à l'assemblée annuelle.
4. Les candidatures doivent être reçues avant le 16 mai 1988.
5. Ont le droit de présenter des candidats:
- les membres du Bureau des gouverneurs de l'ADC,
 - les présidents des conseils de l'ADC,
 - les présidents ou secrétaires des corporations membres,
 - les présidents ou secrétaires des sections spécialisées.
6. Les candidatures au Conseil de l'éducation doivent être recommandées par:
- l'Association des Facultés de médecine dentaire du Canada,
 - le Bureau national d'examen des dentistes du Canada,
 - le Collège royal des dentistes du Canada,
 - la Conférence des organismes de réglementation provinciaux,
 - l'Association canadienne des hygiénistes dentaires,
 - l'Association canadienne des assistantes dentaires.
7. Toute candidature doit être assortie des documents suivants:
- (a) l'acceptation par écrit du candidat;
 - (b) la déclaration du candidat concernant le conflit d'intérêt.
- Le manquement à ces deux conditions entraîne l'annulation de la candidature.
8. Sauf pour le Conseil exécutif (et à moins d'indication contraire), les membres des conseils sont élus pour un mandat de trois ans, renouvelable une seule fois. Ils doivent être membres actifs, affiliés, ou étudiants de l'Association dentaire canadienne. Les membres affiliés ne sont pas éligibles au Bureau des gouverneurs, ni au Conseil exécutif. Les membres étudiants ne sont pas éligibles au Conseil exécutif.

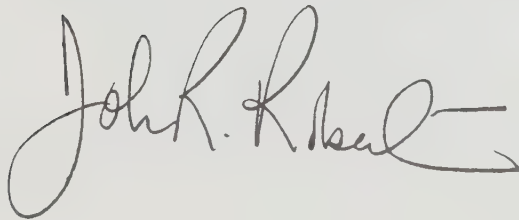
Aucune candidature n'est requise pour le Conseil des matériaux et appareils dentaires ou pour le Conseil des assurances et des placements pour les raisons indiquées dans les pages qui suivent.

9. Il faut joindre au formulaire de mise en candidature une brève note biographique du candidat.

**Veillez envoyer votre ou vos candidatures,
l'acceptation par écrit,
la déclaration sur le conflit d'intérêt
et la note biographique de chaque candidat au:**

**Dr. John R. Robertson, président
Conseil des candidatures, des distinctions et des fondations
L'Association dentaire canadienne
1815, Promenade Alta Vista
Ottawa (Ontario)
K1G 3Y6**

AVANT LE 16 MAI 1988

A handwritten signature in dark ink, appearing to read "John R. Robertson". The signature is fluid and cursive, with a long horizontal stroke at the end.

NOMINATIONS
1988

I. President-Elect

Term: 1 year
Eligibility: Member of the Board of Governors

1. _____

II. Chairman of the Board

Term: Elected annually
Eligibility: Active or Honorary Member (may hold no other elective office during his tenure as Chairman)

Incumbent: N.A. Mancini, Hamilton
Eligible for re-election

1. _____

III. Executive Council - 9 members

Term: 2 years: renewable twice
Eligibility: Member of the Board of Governors

Incumbents: J.R. Robertson, Past-President
R.J. Markey, President
J.W. Niedermayer, President-Elect
G. Dubé, Québec, 1989 (1)
D.E. MacFarlane, B.C., 1988 (1)
K.L. Roach, Ontario, 1988 (1)
B. Sigfstead, Alberta, 1989 (1)
L.S. Allen, Manitoba, 1989 (1)
R. Wenn, Charlottetown, 1988

Summary:

The Executive Council shall consist of the President, Immediate Past-President, President-Elect and six additional members. The President-Elect and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Quebec
- (f) Provinces of New Brunswick, Nova Scotia, P.E.I. and Newfoundland

Dr. J.R. Robertson is retiring as Past-President. Dr. D.E. MacFarlane and Dr. K.L. Roach are completing their first terms on Executive Council and are eligible for re-election.

Dr. R. Wenn is a presidential appointment to replace Dr. J. Christie. Dr. Christie's term would have ended in 1988. Dr. Wenn is eligible for election.

If an incumbent in his non-elective year is elected President-Elect, the uncompleted term will be filled by presidential appointment.

- 3 to be elected
1. _____ B.C.
 2. _____ Ontario
 3. _____ Atl. Prov.

IV. Council on Constitution & By-Laws: 4 members

Term: 3 years: renewable once

Incumbents: G.H. Peacock, Saskatoon, 1988 (2), Chairman
R.R. Schiewe, Thunder Bay, 1990 (1)
M.J.R. Leitch, British Columbia, 1989 (2)
M.J. Crompton, New-Brunswick, 1990 (2)

Summary:

Dr. G.H. Peacock is completing his second term and a nomination is required.

- 1 to be elected: 1. _____

V. Council on Dental Materials and Devices: 8 persons

Term: Nominated by the Executive Council and appointed by the Board of Governors annually.

Incumbents: R.Y. Barolet, Ste-Foy, Chairman
P.C. Desautels, Montreal
L.N. Johnson, London
D.W. Jones, Halifax
D. Smith, Toronto
P.T. Williams, Winnipeg
R. Roydhouse, Vancouver

VI. Council on Education and Accreditation: 17 members

Term: 3 years: renewable once

Incumbents:	A. Schwartz, Winnipeg, 1989 (2), Chairman	UNIV
	M.A. Boyd, Vancouver, 1988 (2)	UNIV
	B.S. Graham, Halifax, 1990 (2)	UNIV
	L. Harder, North Battleford 1988	NON-UNIV
	G.W. Burgman, Kirkland Lake, 1988 (2)	NON-UNIV
	M. Jahjah, Montreal, 1988 (2)	NON-UNIV
	E.W. McIntyre, Edmonton, 1988 (2)	NON-UNIV
	G. Thompson, Edmonton, 1988 (1)	ACFD
	J.H.P. Main, Toronto 1990 (1)	RCD(C)
	K.F. Pownall, Toronto 1988 (2)	REGISTRAR
	J.G. Thompson, St. John, 1990 (1)	REGISTRAR
	H.M. Dick, Edmonton 1988 (1)	NDEB
	A.F. Labounty, Kelowna, 1989 (1)	NDEB
	M. Shildkraut, Montreal, 1988	STUDENT
	(1 year: renewable annually)	
	J. Robarts, Toronto, 1990 (2)	LAY REP.
	K. MacDonald, Halifax, 1988 (1)	CDHA
	M. Paquin, Vancouver, 1988 (1)	CDAA

Summary:

Dr. G. Thompson and H.M. Dick are completing their first terms and are eligible for re-election. Nominees are required for ACFD and NDEB representatives respectively.

Miss M. Shildkraut is completing a one-year term and a nomination is required for a STUDENT representative.

Ms. K. MacDonald and Mrs. M. Paquin are completing their first terms as CDHA and CDAA representatives respectively and are eligible for re-election.

Dr. M. Boyd is completing her second term and a nomination for a UNIV representative is required.

Drs. M. Jahjah, E.W. McIntyre and G.W. Burgman are completing their second terms as NON-UNIV representatives. Nominations are required.

Dr. K.F. Pownall is completing his second term as a REGISTRAR representative. A nomination is required.

Dr. L. Harder has a presidential appointment to fill the unexpired term of Dr. Ian Vogan. Dr. Vogan's term would have expired in 1988. Dr. Harder is eligible for election.

11 to be elected	1.	_____	UNIV
	2.	_____	NON-UNIV
	3.	_____	NON-UNIV
	4.	_____	NON-UNIV
	5.	_____	NON-UNIV
	6.	_____	ACFD
	7.	_____	REGISTRAR
	8.	_____	NDEB
	9.	_____	STUDENT
	10.	_____	CDHA
	11.	_____	CDA

VII. Council on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: G.R. Thordarson, Vancouver
(Interim Appointment), Chairman
M.A. Lasko, Winnipeg, 1989 (2)
W.G. Leggett, Brampton, 1988 (2)
Blake Creaser, New Germany, 1990 (1)
B.G. Saik, Calgary, 1988 (1)
B.N. Rocky, Richmond, 1989 (1)

Summary:

Dr. G.R. Thordarson has been appointed by the President as Interim Chairman.

Dr. B.G. Saik is completing his first term and is eligible for re-election.

Dr. W.G. Leggett is completing his second term and a nomination is required.

2 to be elected	1.	_____
	2.	_____

VIII. Council on Hospital and Institutional Services: 6 members

Term: 3 years: renewable once

Incumbents: E.L. MacInnis, Halifax, 1989 (2), Chairman
C. Foster, Winnipeg, 1989 (2)
J. Hardie, Ottawa, 1990 (1)
J.V. Legault, Montreal, 1989 (1)
D. Herberts, Port Coquitlam, 1989
D. Murphy, Halifax, 1989

Summary:

The Council on Hospital and Institutional Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

Dr. D. Herberts is a presidential appointee filling the unexpired term of Dr. W.S. Walter.

Dr. D. Murphy is a presidential appointee filling the vacancy created by the appointment of Dr. MacInnis as Chairman.

None to be elected.

IX. Council on Information Services: 5 members

Term: 3 years: renewable once

Incumbents: P. O'Brien, Atlantic Provinces, 1990 (1) Chairman
G.M. Ritson-Bennett, Prairie Provinces, 1990 (1)
D. Lauriente, British Columbia, 1989
G. Lafrenière, Quebec, 1989 (2)
W. Hettenhausen, Ontario, 1990 (1)

Summary:

The Council on Information Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

Dr. R. Howaniec resigned his position on Council during 1987-88 and Dr. D. Lauriente is filling this vacancy.

None to be elected.

X. Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Service Plans Inc. the function of the Council on Insurance and Investment as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and the Canadian Dental Services Plans Inc.

None to be elected

XI. Council on Nominations, 3 members
Awards and Trusts: Chairman

Term: 3 years

Incumbents: J.R. Robertson, Summerside, 1991, Chairman
 R.N. Hicks, British Columbia, 1988
 B.W. Holmes, Ontario, 1990

Summary:

The Council on Nominations shall consist of three members elected by the Board at its Annual Meeting, pursuant to Article X, Section 6 of the By-laws, together with the Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents.

Dr. R.N. Hicks is completing his term on Council.

Dr. P.R. Crawford resigned from Council in the 1987-88 term.

Nominations will be received from the floor at the Annual Meeting to fill two vacancies.

1988/03/07

/msg

NOMINATION FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum).

PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

Nomination for: Chairman of the Board _____
President-Elect _____
Executive Council _____
Council on _____

***NOTE:** Affiliated members are not eligible for nomination to the Board of Governors or Executive Council.
Student members are not eligible for nominations to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name _____

Candidate's Address _____

Postal Code _____

It is desirable for a nominee to attach a brief biographical sketch if possible.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

PLEASE PRINT OR TYPE THE FOLLOWING:

Nominator _____ Office/Position _____

Signature _____

****NOTE:** Please notify the candidate's provincial association identifying the candidate and the office, council or committee to which he/she has been nominated.

ACCORDING TO ARTICLE XXI SECTION 1 OF THE CONSTITUTION, THE FOLLOWING APPLIES:

- (a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- (b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- (c) The above provisions apply automatically to the members of the various Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- (d) All nominees for election or appointment to Councils or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) That, of itself, being a trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- (f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.

ARTICLE XXI SECTION 1 OF THE CONSTITUTION APPEARS ON THE REVERSE OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

- (a) I have no known possible potential conflict of interest _____
- (b) I have a possible conflict of interest _____
if (b) please explain potential conflict on the reverse
of this form.

I agree to permit my nomination and qualify by Active _____ Affiliate _____
Student _____ Membership in the CDA

Membership in _____ (Corporate Member)

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION

SIGNATURE OF NOMINEE _____

- 4 -

(g) The Board shall be the final authority on any disputed conflict of interest.

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICT OF INTEREST:

Return this completed form by May 16, 1988 to:

Dr. John R. Robertson, Chairman
Council on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6

SAMPLE

BIOGRAPHICAL INFORMATION

NAME: John Doe Dentist

ADDRESS: 123 Molar Street, Toronto, Ontario

DATE AND PLACE OF BIRTH: June 24, 1943, London, Ontario

POSITION/PRACTISE: Private Practice: Specialty limited to Orthodontics

EDUCATION: High School(s) and University(ies)
Hamilton High
University of Western Ontario
University of Toronto - Post Graduate Studies
(Orthodontics)

DEGREES: (with dates)
D.D.S. (Western Ontario 1967)
Diploma in Orthodontics - (Toronto, 1972)

EXPERIENCE: Including previous appointments, Military Service,
Publications, Research Projects, etc.

General Practice - 1967-1970 - Hamilton
Specialty Practice - Orthodontics, 1970-1986 -
Toronto
Past-President - Toronto Dental Society 1980-82
Board Member ODA - 1981-86
Chairman, Economics Committee - ODA
Member Council Education, CDA 1985 Published 3
papers
Contribution to Text Book, "Ortho in '80's"

ORGANIZATIONS: Association or Club Membership

Ontario Dental Association
Canadian Dental Association
Toronto Orthodontic Club
American Academy Orthodontics
Alpha Beta Gamma
F.I.C.D;
F.R.C.D. (C)
F.A.R.E.

OTHER: 1973-1979: Part-time demonstrator - Ortho -
University of Toronto
1979-1986: Part-time lecturer - Ortho - University
of Toronto

AWARDS: Military, Academic, etc.

BIOGRAPHICAL INFORMATION

NAME:

ADDRESS:

DATE AND PLACE OF BIRTH:

POSITION/PRACTISE:

EDUCATION:

DEGREES:

EXPERIENCE:

ORGANIZATIONS:

OTHER:

AWARDS:

CDA PRESIDENT'S AWARD1987-88 RECIPIENTS

<u>University</u>	<u>Name of recipient</u>
Alberta	Brian L. Fairbanks
B.C.	Michael James Wade
Manitoba	Dwayne Lemon
Dalhousie	Bernadette McCarthy
Laval	Mario Fortin
Western Ont.	Douglas S. Harvey
Toronto	Jozef Zoldos
McGill	Deborah A. Cuellette Tuit t
Montreal	Stéphane Dubé
Saskatchewan	Jeffrey Allen Livingstone

The Ontario Dental Association



234 St. George Street
Toronto, Ontario M5R 2P1
(416) 922-3900

APPENDIX IV

May 16, 1988

Dr. John R. Robertson
Chairman
Council on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Robertson:

I have the honour to nominate Dr. Nicholas A. Mancini for the highest award that the CDA might deem appropriate.

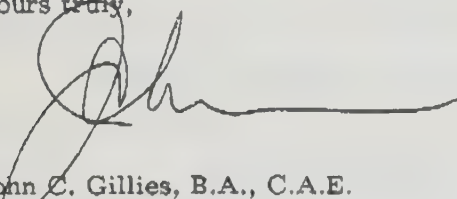
In addition to the material on the enclosed curriculum vitae, there are a number of special activities that merit your consideration.

Dr. Mancini has served as Chairman of the Board of The ODA for almost 20 years, of the CDA for about 10 years and of the CDSPI Board for the past several years. His skill in this office has been of inestimable value to all dentistry in assisting our organization to conduct successful meetings.

Dr. Mancini honoured The ODA by accepting the Barnabus Day Award which is the highest award The ODA can offer, save only Honorary Life Membership.

I earnestly encourage the CDA to honour the association and its members by conferring the highest possible award on Dr. Mancini.

Yours truly,



John C. Gillies, B.A., C.A.E.
Executive Director

JCG/pr

c.c. Mr. A.J. Neilson

HONORARY MEMBERSHIP

BIOGRAPHICAL INFORMATION

NAME: Nicholas A. Mancini

ADDRESS: (office) 280 Barton Street East
Hamilton, Ontario L8L 2X3
Tel. (416) 529-0041

DATE AND PLACE OF BIRTH: April 23, 1922, Hamilton, Ontario

PERSONAL: Married - Josephine, October 10, 1949
3 sons, Michael Gerard, Nicholas Anthony Jr., John Patrick

EDUCATION: Elementary - St. Ann's School, Hamilton
Secondary - Cathedral High School, Hamilton
B.A. (Chem., Physics, Biology) University of Toronto
D.D.S. - University of Buffalo

Memberships: Served on original Foundation Committee for the Hamilton Theatre Auditorium Centre
Served on Hamilton Urban Renewal Committee
Served on Staff of Hamilton Civic Hospitals
Served (6 yrs.) Board of Governors of Hamilton Civic Hospitals
Served (1 yr) Board of Directors of Social Planning and Research Council
Past Chairman of Canadian Catholic School Trustees Assoc. (C.C.S.T.A.)
Past Chairman of Ontario Separate School Trustees Assoc. (C.S.S.T.A.)
Presently on Board of Directors of C.S.T.C.
Dominion Council of Health (3 yrs.)
Past Chairman of Hamilton-Wentworth Roman Catholic Separate School Board
Presently School Trustee and Chairman of Education Committee
Past President of Hamilton Academy of Dentistry
Member - Canadian Academy of Prosthodontists
Serving as Chairman of the Board - C.D.A.
Serving as Chairman of the Board - C.D.A.
Past Grand Knight - Knights of Columbus, Hamilton

AWARDS: Accorded Papal Honour (made a K.S.6) (Knighthood) Knight of St. Gregory
Barnabus Day Award (C.D.A.)

COUNCIL ON STUDENT AFFAIRS

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

Council Members: Miss Madelaine Shilckraut, Chairman, McGill University
Mr. Dave Zaparinuk, University of British Columbia
Mr. Roger Bélanger, Université Laval
Mr. Dennis Fuchs, University of Saskatchewan
Mr. Ashoka Subedar, University of Manitoba
Mr. Mohamed Gulamhussein, University of Toronto
Mr. Alan Kwong Hing, University of Western Ontario
Mr. Scott MacLean, University of Alberta
Mr. Adrian Power, Dalhousie University
Miss Louise Baribeau, Université de Montréal
Miss Linda Wiltshire, McGill University
Mr. Doug Lovely, Dalhousie University, Student Governor
Dr. Pam Zakarow, Oshawa, Ont., Past Student Governor
Dr. Bob Barr, Medicine Hat, Alberta, Past Chairman

Executive Liaison: Lr. Ray Wenn, Charlottetown, P.E.I.

Coordinator: Miss Linda Teteruck, Director of Communications

1. Council Meetings

Council has met once since the 1988 Interim Board, on March 27, 1988 at CLA Headquarters.

ITEMS REQUIRING BOARD ACTION

2. CDSPI

It was brought to the attention of Council that many students are not well informed on insurance matters. Student Keps are concerned about this lack of knowledge in such an important area and would like to have at their disposal, a brochure, written in lay terms, in a concise format. CDSPI presently visits each school once a year, however, it is felt that this additional information would be helpful.

RESOLVED:

- 88.141 That the Council on Insurance and Investment be asked to review the provision of a generalized educational pamphlet for distribution to first and second year students to raise their awareness of their insurance needs and options.

ADOPTED

3. Subcommittee on Publications

The CDA Publications Committee has agreed, in principle, to the idea of a student column in the Journal. In reviewing the requirements for the creation of this column, which would be representative of the student opinion on matters of concern in dental practice and education, it was agreed that a position of Student Editor be established on Council, to ensure continuity of editorial style and content. This position would be similar to those of Chairman and Governor in that the incumbent would be on Council for a period of three years.

RESOLVED:

88.142 That a new three-year position be created on the Council on Student Affairs, to act as editor of the Student Affairs column, and that this position be structured in a similar fashion to that of the Student Governor-Elect, and Chairman-Elect with its implied financial considerations, and further

THAT the individual be selected from existing Council members in order to reduce the financial implications.

ADOPTED

4. NDEB

Recognition of the NDEB Certificate of Portability, for licensure in the Province of Quebec, is strongly recommended by the Council on Student Affairs.

RESOLVED:

88.143 That the Chairman and Governor of the Council on Student Affairs write to the Order of Dentists of Quebec concerning its acceptance of the NDEB Certificate of Portability for Canadian graduates outside the province of Quebec.

Board of Governors receives this item as information, and suggests that if Student Council feels strongly enough, they should address their concerns to the O.D.Q.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**5. Ad Hoc Committee on Membership**

The CDA Membership Committee has requested Council's assistance in promoting membership to new graduates in the voluntary provinces of Ontario and Quebec. Council agrees maintaining this group as CDA members is vital, and recommends that an Ad Hoc Committee be created in an attempt to reattract this group, and suggests that it might be more successful to contact grads on a one-to-one basis.

Due to financial pressures experienced by new grads in setting up practices, Council has suggested that consideration be given to allow payment of membership fees on a monthly basis, for a set period of time.

6. CFDE

In order to increase the profile of the CFDE to the student body, it has been recommended that a representative of the Fund attend the Welcome to the Profession receptions, held in the Fall at the dental schools. Council feels students should be introduced to the CFDE in Year 1, to immediately establish an awareness and knowledge of the CFDE's role in dentistry.

7. Fee Debate

The subject of an increase in student fees was again placed on Council's agenda, when it was learned that the Ontario members had some opposition to Council's decision to maintain student fees at 6% of CDA's active membership fee. It was felt by these reps that the profile of CDA would be affected by the increase, particularly if the ODA portion of the fee was less than that of CDA. It was also felt that Ontario students pay a high membership fee with dual membership. After a lengthy debate, Council confirmed its support and retention of its present fee structure policy.

8. Report to the ACFD and Council on Education & Accreditation

APPENDIX 1

In recent years Council has felt a responsibility to comment on issues of concern to dental students across Canada. Consequently, our reports to both the ACFD and the CDA Council on Education and Accreditation are more issue oriented.

Our report to the ACFD and Council on Education is appended for information.

9. CDSC'88

Council is pleased to report that this year's Students' Conference will be held in Edmonton, immediately following the CDA Convention. The main theme of the meeting will be Capitation, and will be extended to include alternate modes of delivery. Other areas to be discussed are infection control and new technology. The University of Alberta will be hosting delegates.

The CSA appreciates CDA's support of this yearly Conference, and the generous funding of it by the CFDE.

10. Membership Figures

The CDA student membership campaign was extremely successful in 1987-88, with a resulting 96% membership. The backpayment policy instituted previously, is being utilized each year.

Summary

The Council on Student Affairs is appreciative of Dr. Wenn's guidance and fellowship during the past two meetings, and of the assistance provided by Linda Teteruck and Win Mobley in Council activities.

Respectfully submitted,

Madelaine Shildkraut
Chairman
Council on Student Affairs

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Student Affairs with appreciation.

REPORT OF THE COUNCIL ON STUDENT AFFAIRS
TO THE
COUNCIL ON EDUCATION AND ACCREDITATION
JUNE 6 & 7, 1988

The Council on Student Affairs has met twice since the last meeting of the Council on Education and Accreditation, following the 1987 Canadian Dental Students' Conference on September 26 in Saskatoon, and on March 27, 1988, at CDA Headquarters.

Members

Miss Madelaine Shildkraut, Chairman, McGill University
Mr. Dave Zamarinuk, University of British Columbia
Mr. Roger Bélanger, Université Laval
Mr. Dennis Fuchs, University of Saskatchewan
Mr. Ashoka Subedar, University of Manitoba (Student Governor-Elect)
Mr. Mohamed Gulamhussein, University of Toronto
Mr. Alan Kwong Hing, University of Western Ontario
Mr. Scott MacLean, University of Alberta (Chairman Elect)
Mr. Adrian Power, Dalhousie University
Miss Louise Baribeau, Université de Montréal
Miss Linda Wiltshire, McGill University
Mr. Doug Lovely, Dalhousie University
Dr. Pamela Zakarow, Oshawa, Ont., Past Student Governor
Dr. Bob Barr, Past Chairman, Medicine Hat, Alberta
Dr. Ray Wenn, CDA Executive Liaison, Charlottetown, PEI

The Council on Student Affairs decided, at the fall CDSC meeting, that there were several issues of importance to dental students that needed to be addressed from an educational standpoint. The CSA agreed that all student representatives were to generate a position paper outlining the specific areas of concern relative to their dental schools. All position papers were presented at the spring meeting of the CSA which resulted in the generation of the following position paper reflecting the attitudes of the majority of the dental students in Canada.

It is the intention of the CSA, by presenting this position paper, to aid the Council on Education and Accreditation in their efforts towards the advancement of dental education in Canada.

Stress Survey

The CSA feels that this is a very useful tool to determine the major problem areas with reference to the generation of stress in the dental school environment. It would be helpful to continue the distribution of such a survey on a national level to confirm these problem areas and to apply this information towards the resolution of specific stress producing areas.

PASS/FAIL GRADING SYSTEM

The major advantage of such a system over a ranking system relates to the large reduction in the stress dental students would experience mostly through the elimination of visible competition between students. This reduction in stress would allow for a more favourable learning environment for the students in general.

Some individuals may express a concern for those students that may not know if they are having problems in certain disciplines under a pass/fail system, but this should not be a major concern given that faculty members act responsibly and inform students in trouble of their situation.

PRELICENSURE

The CSA is of the opinion that this type of program is not needed. The dental programs that are offered in Canadian dental schools spend a great deal of time on the clinical aspects of dentistry and an additional one year prelicensure program attached to the end of any existing program would not afford dental students much additional training.

The majority of dental students graduating from Canadian dental schools spend their first few years in an associate position which would not differ greatly from a prelicensure program. If any action regarding prelicensure is to be taken, we should first consider altering the existing dental programs before adding on another dental program.

Regarding the manpower problem facing dentists, the CSA feels that the introduction of a prelicensure program will only delay the manpower problem on the short term as opposed to dealing with it effectively.

UNIFORM COURSE EVALUATIONS

In order to effectively monitor the efficiency of a number of educational institutions, one must have some type of uniform course evaluation system to work with. The CSA feels that such a system should be in place at every dental school in Canada and that the results of these evaluations be applied towards the improvement of areas causing concern. At the present time, there are a number of dental schools in Canada that do not utilize this type of system.

CURRICULUM

The field of dentistry is a very technical one and is exposed to new developments in technique and materials on a continuing basis. It is for this reason that the CSA would like to see a yearly curriculum review carried out by each dental school and the appropriate changes made to each curriculum based on current technologies and techniques.

TEACHER/INSTRUCTOR TRAINING

Dental teaching institutions attract a large number of intelligent and skillful instructors and professors that may be very efficient at research and/or dental procedures but lack the skills needed to communicate efficiently in a teaching/instructing capacity. The CSA realizes this problem and is very enthusiastic about the "Summer Teaching and Management Institutes" program that the ACFD is operating. The CSA would like to see an expansion of this program to include mandatory attendance by all part-time instructors and possible teachers as well.

INFECTION CONTROL

This has recently become a very important issue regarding the dental field in general. The main emphasis has been placed on the AIDS issue but we should also be greatly concerned about the infection and spread of the hepatitis virus.

With this in mind, the CSA is concerned about the distribution of the hepatitis vaccine to dental students. At the present time, the inoculation of this vaccine is not a mandatory requirement of all dental students in Canada and most students must pay for this service if they decide to make use of it. The CSA would like to see a mandatory inoculation policy developed on a national level for dental students and have the financial burden of this service covered by a central agency (dental faculty/government).

SUMMARY

The Council on Student Affairs is appreciative of the opportunity to work with the Council on Education and Accreditation in our mutual goals towards the advancement of dental education in Canada.

Respectfully submitted,

Madelaine Shildkraut
CSA Chairman

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

TOWARD A NEW ERA

In order to effectively face the new challenges being presented to our profession, to dental education and research, the Association has undertaken an activity this year which is extremely important to the growth and development of ACFD/AFDC - namely strategic planning. Never before has the Association seized the opportunity to survey its members, analyze the results, and develop a plan to deal with the emerging issues. Input from the membership survey provided the initial focus for discussion of our role and development of objectives. Strengths and weaknesses were identified and strategies developed to deal with each of the areas of interest for the Association. The five major areas of activity involve advocacy, teaching, research, membership services, and management. Although plans, time lines and accountability are ambitious, the Executive is very enthusiastic and wants to move in a positive direction to fulfill the plan.

Certainly, high on our priority list is continuing to strengthen our relationship with the Canadian Dental Association. We want to play a leadership role by acting as a catalyst and participant in directing the future of dentistry. This follows logically from the Teaching Conference on Strategic Planning for the Future of Dentistry in Canada which was held in February of this year. There was representation from all sectors and the overall atmosphere was one of willingness and consensus to work toward a cooperative effort on behalf of all constituents. It was evident to everyone that there is a need for developing and implementing an ongoing scientific approach for data collection in Canada which would support a sound rationale for decision making in both manpower and education. ACFD/AFDC continues to support this thrust and as past Chairman I will attempt to spearhead the Conference recommendation which involves the formation of a small task force/steering committee of the representatives in order to formulate and present a model and plan which will encompass all the elements. It is our hope that we can work together and support one another in these efforts.

The expanded liaison between our two Executive bodies was implemented this year. Unfortunately, the CDA Representative was able to attend only one of our meetings which was a disappointment. However, we were pleased that the Chairman of Council, Dr. Schwartz, was able to participate in all the meetings. We hope that next year will prove to be positive with respect to this liaison activity and create opportunities for mutual support.

The Association has now formally constituted a Standing Committee of Deans. President Markey has requested an opportunity to meet with this group during their June meeting and has been invited to do so. This Standing Committee reports to the Executive Council. Consequently, a CDA representative attending Executive Council meetings can find this to be very informative, in addition to broadening the understanding between the Associations.

The Education Committee continues to be actively involved not only with the CDA Council on Education and Accreditation with respect to accreditation issues and the C.O.R.E. Program but also with NDEB and the SL/SA initiative. These are both projects that our Association should be involved with in order to ensure the growth and development of these forms of activity.

September of this year will mark our first Anniversary as an Ottawa resident in the CDA building. We very much enjoy the opportunity that this creates for us to interact and Mrs. Stella Taylor, our Executive Assistant, has been warmly welcomed by the CDA staff. We look forward to a long and happy relationship.

Dr. Markey and I have had a number of opportunities to meet and discuss issues of mutual interest and concern over the last year. This has been helpful from both our perspectives and I believe he would agree that this type of activity should most certainly be continued.

Respectfully submitted,

Marcia A. Boyd
President

ADOPTION OF REPORT

The Board of Governors receives the report of the Association of Canadian Faculties of Dentistry for information.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Dental Assistants' Association welcomes this opportunity to report to the Board of Governors on some of the activities of the association during 1988.

1. 1988 Annual Meetings will take place in Edmonton, Alberta, August 18-19th. The Executive Committee will meet on August 17th.
2. 1988 Convention will be held in August in Edmonton in conjunction with the CDA national convention. We are pleased to co-host the convention with the Alberta Dental Assistants' Association.
3. Certification - the CDAA has been pleased to have input on the report filed by the Council on Education and Accreditation Task Force on Future Planning. We assure the Board of Governors of our ability and willingness to assume our responsibilities in this most important area.

The CDAA Task Force, working to develop a National Board exam, is in negotiation with an educational body that has a Level 1 examination currently in use. It is hoped that final details will be worked out prior to the annual meeting in August.

4. Membership - to provinces of New Brunswick and Saskatchewan have now been joined by Prince Edward Island in adopting the levy system which sees all certified/registered/licensed dental assistants assessed a levy which is divided between the provincial and national associations. 1988 membership in the CDAA will be up by some 44 percent. Other provinces are still considering joining the levy system.
5. National Dental Assistants' Recognition Week was held the last full week in March and was a huge success in every province.
6. CDA Committee on Health Care - the CDAA was pleased to name Bonnie Darling of Lindsay, Ontario, to represent the association to the Committee.

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7. Convention 1989 - our convention committee in Vancouver is headed by Bev Arduini and Marlane Paquin. They are in on-going dialogue with Dr. Jahjah and his committee regarding mutual convention plans.
 8. Meeting with CDA Management Committee - the CDAA President and Vice-President were pleased to meet with the representatives of CDA in Ottawa in March and we look forward to our meeting in August.

The CDAA wishes to thank the CDA for the many opportunities offered the association during the year that enable our input on many vital issues that concern our profession.

Respectfully submitted,

G. Diane Pike, P.D.A.
President, C.D.A.A.

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Dental Assistants' Association for information.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

On behalf of the Canadian Dental Hygienists' Association I wish to submit to the Canadian Dental Association, the following items for information.

- 1) Dr. Niedermayer, CDA President Elect has been invited to attend the CDHA Board of Directors meeting in Ottawa, June 10th to 12th 1988.
- 2) CDHA's 3rd Regional Development Seminar on Dental Health Promotion will be held in the fall of 1988. These seminars are held in places that would not normally have an event of this magnitude and it helps bring together some people that may not under regular circumstances have an opportunity to work with the CDHA on a national level.
- 3) Endorsement for the Dental Hygiene Competency Profile is expected from the CDHA Board of Directors at the annual meeting in June. Many drafts of this proposal have been reviewed previously by varied groups and we believe this to be the final draft with approval in June.
- 4) Future involvements of CDHA at CDA conventions will be discussed at the June 1988 Board Meeting and a report will be forthcoming.
- 5) The CDA Council on Dental Materials and Devices had indicated that Dr. Smith will be presenting a report on the literature review of air polishing. CDHA is looking forward with interest to this report, due to the frequent use of air polishers in practice.
- 6) Carole Ono, CDHA representative at the CDA Conference on Infection Control in Toronto, has been appointed to review current CDHA policy on infection control. An initial report will be presented at the Board of Directors meeting in June.
- 7) The Frank Horner Company has agreed to provide corporate sponsorship for the CDHA National Dental Hygiene Campaign to be held in October of 1988.
- 8) Dale Scanlan, Chairperson of the Organizing Committee for the Eleventh Internatinal Symposium on Dental Hygiene continues to work towards a successful symposium in the summer of '89.
- 9) A request was made to all university dental programs asking them to consider development of Baccalaureate and/or Masters level Dental Hygiene Programs.

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- 10) CDHA Researcher, Pat Johnson will be presenting a report to the Board of Directors in June on the results of the National Dental Hygiene Survey, (response rate of 87%). This information will be published in the CDHA Journal, Probe.
 - 11) CDHA will again be offering it's annual Research Fellowship Award. This Fellowship is available to any Canadian dental hygienist enrolled in a research oriented masters or doctoral program.
 - 12) CDHA Executive Council has provided responses to the CDA Task Force on Education and Accreditation papers nos. 1 and 2.
 - 13) The CDHA Executive Council will establish a task force on future dental hygiene practice and education, the purpose of which will be to develop a conceptual and practical plan for the future. The first meeting of this task force is scheduled during the term of 88/89. Terms of reference and proposed budget of this task force will be addressed at this time.
 - 14) The CDHA Journal, Probe may be increased from 4 to 6 issues commencing in January of 1989.
 - 15) The American Dental Hygienists' Association will be conducting a survey of all dental hygiene schools in the United States to identify schools having significant difficulties filling their program with qualified candidates. There is a possibility of recruitment of Canadian students into these programs as there are provinces whose programs are over subscribed by 100%.
 - 16) CDHA is pleased to announce that Mr. Brian Henderson, CDA Director of Education and Accreditation, has been awarded honorary membership in CDHA in recognition of his contribution to dental hygiene in the areas of education, accreditation and quality assurance.
 - 17) CDHA has been granted funding from CFDE to develop a "Table of Specifications", a blueprint for the contents of a dental hygiene certification exam.

Respectfully submitted,

Ellen Williams
President-Elect
CDHA

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Dental Hygienists' Association for information.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

1. Meetings

Since reporting to your Board's 1988 Interim Meeting, CFDE has held its Annual Board of Trustees Meeting, which took place in Ottawa on April 24-25, 1988. We are pleased to have this opportunity to report on the Trustees' deliberations and CFDE's activities since our last report.

ITEMS REQUIRING BOARD ACTION

2. The Board of Trustees will lose many valuable members this year due to attrition. Dr. GERALD Barrett, representative of the Atlantic provinces, Dr. Stuart Foster, the Alberta representative, and Dr. Sidney Golden, the Ontario representative, will be completing their terms of office at the end of September. CDA'S approval of their replacements is sought. As this is my final year as CFDE Chairman, Dr. Ted Kamage, of Vancouver, British Columbia, will be taking over the chair. We seek CDA's approval of a replacement for the British Columbia representative.

RESOLVED:

88.144 THAT Dr. D. Greg Baird, of Halifax, Nova Scotia, be appointed to the CFDE Board of Trustees.

THAT Dr. Donald O'Connor, of Ottawa, Ontario, be appointed to the CFDE Board of Trustees.

THAT Dr. William Sharun, of Edmonton, Alberta, be appointed to the CFDE Board of Trustees.

THAT Dr. Arnold Steinbart, of Prince George, B.C., be appointed to the CFDE Board of Trustees.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Plans for 1988

All of you will be aware of the Fund's accomplishments in 1987 from the annual report which was published in the April issue of the Journal of the Canadian Dental Association. Therefore, my remarks will focus on the decisions made by the Trustees for the benefit of dentistry in 1988 and beyond.

Income from business and industry increased dramatically in 1987, largely due to a very generous donation of \$35,000 from Colgate-Palmolive Canada, which was earmarked for the CDA's "First Teeth" program. For the first time in years, the dental industry donations surpassed those of the dental profession. We sincerely hope that this will encourage dentists to rise to the challenge and increase their donations in 1988.

As directed by CDA last year, CFDE has kept its name, but has taken on a new look by changing its logo. The new logo represents building towards the future and enhancing dentistry. It is hoped that the new image will encourage more people to look at the work CFDE does to aid dentistry in Canada.

Since fundraising has become more difficult in recent years, the Fund has turned to more innovative ways to raise money. The first CFDE lottery was held in May, and brought in \$17,173, after expenses. Because of its success, the Board will look into the possibility of holding a second lottery in 1989. If sponsorship is forthcoming, the prize will be an all expenses paid trip for two to the FDI meeting in Amsterdam.

At its recent Annual Meeting, a total of \$188,068 was approved by CFDE's Board in aid of dental education and awareness during 1988. The major programs selected for support are as follows:

- (a) A total of \$20,000 has been allocated for programs to increase public demand for dental health care. In November, the Management Committee directed that the \$10,000 budgeted to a CDA project within its Dental Awareness Program be allocated to the CDA Conference on Infection Control, which was held this past February in Toronto. Because of the Conference's great success, the Board has committed in principle up to \$10,000 to a CDA Infection Control Education program in 1988.

In addition, CFDE has granted up to \$10,000 for the 1989 Dental Health Month, subject to the Fund receiving sufficient profile during the campaign.

- (b) The fourth CFDE/ACFD Summer Teaching and Management Institute, took place in June. CFDE has continued to support this project with a \$35,000 grant for the 1988 Institute and has increased its support to \$40,000 for the 1989 ST/MI. We have received many letters of praise from past participants and we are delighted to be part of this worthwhile project. The Trustees unanimously agree that this is one of the best projects ever funded by CFDE.
- (c) A grant of \$5,000 has been approved, for a second year, to Dr. Arto Demirjian, of the Université de Montréal, to continue his work in developing a subject-integrated videodisc for dental education. This innovation will greatly advance dental education in the future.

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- (d) Once again this year, CFDE is providing unrestricted grants of \$1,500, upon submission of a report on how the previous year's money was spent, to each of the ten dental schools.
 - (e) The Board has doubled its direct support of undergraduate students to \$2,000 per dental school. These grants are still to be used for scholarships, awards or prizes to two dental students per faculty. A requirement in the granting of these funds is that the CFDE receive appropriate recognition, preferably at an awards ceremony.
 - (f) The Dental Students Table Clinics and Students' Conference will be supported again with grants of \$10,000, underwritten by Dentsply Canada Inc., and \$7,500 respectively.
 - (g) A total of \$27,000 was allocated for teacher/researcher training fellowships. Eight dentists were selected for support. There were no eligible applications from hygienists this year.
 - (h) \$8,000 has been allocated to the 1988 Teaching Conference on Continuing Education.
 - (i) The Trustees will provide \$2,000 for educational projects run by the Ontario Dental Hygienists' Association. This grant is underwritten by Warner-Lambert Canada Inc. The Fund has also approved a \$5,000 grant to help the CDHA develop a table of specifications for a National Dental Hygiene Examination. The Board is very pleased to be able to support the hygienists this year, and believe this project will ultimately be beneficial to all Canadians.
 - (j) The income from the Lorne E. MacLachlan Endowment Fund of approximately \$12,800 will again this year be divided equally among the dental faculties at Toronto, Western Ontario, McGill and Dalhousie to benefit the prosthodontics departments, in accordance with the terms governing the endowment.
 - (k) The Murray McDonald Memorial Lecture will be held on Monday, August 22nd, from 11:00 a.m. to 12 noon, at the CDA Convention in Edmonton. Mr. Knowlton Nash will speak on "History on the Run". We are delighted to resume this Memorial Lecture to commemorate CFDE's former Executive Director.

4. Appreciation

It has been a pleasure to present this, my last report, to you on behalf of CFDE. I would like to thank all of the Trustees I have had the pleasure to work with, over the past several years, for their invaluable assistance. In particular, I must thank Mr. Jardine Neilson, who has

walked a fine line between CDA and CFDE with the utmost diplomacy. I also extend best wishes to my successor, Dr. Ted Ramage. I know that, with the help of CFDE's excellent staff, he will have no difficulty in taking over the reigns. I am extremely grateful to our Executive Secretary, Ms. Janice Forsythe, and to our Administrative Assistant, Miss Louise Préfontaine, for their dedication and hard work over this past year.

In summary, I can only add that, in order for CFDE to continue its assistance to the many projects it contributes to, we need your support in 1988.

Respectfully submitted,

J. Fred Reid, D.D.S.
Chairman, CFDE Board
of Trustees

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Fund for Dental Education with appreciation.

The Board of Governors wishes to acknowledge special thanks to Dr. Fred Reid and wish him well in his endeavours and a speedy recovery.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Examinations

The following represents the number of candidates for the Membership and Fellowship examinations being held in May/June, 1988 as at the time of writing this report:

	<u>Fellowship</u>	<u>Membership</u>
Dental Sciences	1	-
Oral and Maxillofacial Surgery	6	6
Orthodontics	3	3
Periodontics	-	3
Prosthodontics	<u>1</u>	<u>1</u>
	11	13

Written examinations are being held in Vancouver, Edmonton, Saskatoon, Winnipeg, Toronto, Quebec City and Halifax, with the Membership orals and the Fellowships in Edmonton and Toronto.

Successful examinees will be admitted to the College at the Convocation to be held in Edmonton on Saturday, August 20, together with the 2 new Fellows and 14 new Members from the December, 1987 examinations.

Vacancies on Council

The 3-year terms of office of Councillors representing Dental Public Health, Dental Sciences, Endodontics, Oral Pathology, Pediatric Dentistry and Prosthodontics will be expiring in 1988.

Dr. Roger Ellis, Dental Public Health, has opted not to stand for re-election as he will be assuming a new position with the Royal College of Dental Surgeons of Ontario in July; Dr. Pierre Dow, Endodontics, Dr. R. John McComb, Oral

Pathology, Dr. Melvin D. Charendoff, Pediatric Dentistry, have indicated they will accept a second 3-year term. Dr. W.J. Fleming, Dental Sciences, and Dr. Aaron H. Fenton, Prosthodontics are completing second terms and may not stand for a third.

Nominations have been called for from the relevant specialty groups, and if necessary elections will be held in June.

National Standard for Specialty Recognition

In January of this year I wrote to CDA President Dr. Ron Markey on the need to establish some sort of national standard for specialty practice. I asked that the CDA, as the senior body in organized dentistry in Canada, consider taking a leadership role in bringing the various dental groups interested in this subject together to work towards the eventual establishment of a national standard.

The College is gratified that the CDA responded positively and quickly, referring this matter to its Committee on Specialties and also to the Council on Education and Accreditation. I am especially pleased to note that the Final Report of the Task Force on Future Planning of the Council includes a recommendation that the current arrangements for recognition of dental specialties be reviewed.

Respectfully submitted,

Roderick L. Moran,
President

ADOPTION OF REPORT

The Board of Governors receives the report of the Royal College of Dentists of Canada for information.

CANADIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

REPORT TO THE 1988 ANNUAL CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The CAOMS held its 34th Annual General meeting in Halifax in October 1987. The varied scientific program drew the largest registration ever for such a meeting in Atlantic Canada.
2. The CAOMS held its 35th Annual meeting in Toronto April 27 - May 1, 1988.
3. The current executive of the Association is:

President	Dr. Bernard Lyons
President-Elect	Dr. Jack Zosky
Past-President	Dr. David Precious
Secretary	Dr. Aron Gonshor
Treasurer	Dr. Tom Stevenson

Sincerely yours,

Bernard Lyons, D.D.S.
President

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Association of Oral and Maxillofacial Surgeons for information.

MAR 17 1989

CANADIAN ASSOCIATION OF DENTAL AND MAXILLOFACIAL SURGEONS

REPORT TO THE 1988 ANNUAL CDA MEETING OF GOVERNORS

FOR THE INFORMATION - NOT REQUIRING BOARD ACTION

1. The CDA's 1988 25th Annual Meeting is being held in Quebec City. The annual meeting program over the weekend (September 24-26) will be held at the Sheraton Hotel in Quebec City.

2. The CDA's 1988 25th Annual Meeting is being held in Quebec City, Quebec, Canada, from September 24-26, 1988.

3. The current membership of the Association is:

President

Dr. Howard Lyne

Vice-President

Dr. John Jones

Secretary

Dr. David Ferguson

Treasurer

Dr. Alan Gosselin

Executive

Mr. Tom McPherson

Secretary General

Dr. David Lyne, D.D.S., F.R.C.D.C.
President

ANALYSIS OF REPORT

The Board of Governors receives the report of the Canadian Association of Dental and Maxillofacial Surgeons for information.

TRANSACTIONS
of the Canadian Dental Association

DÉLIBÉRATIONS
de l'Association dentaire canadienne